

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90140 047 ***150.00

DOCUMENT # F98000004858

1. Corporation Name
ECI IP INC.



Principal Place of Business
8160 BAYMEADOWS WAY WEST, SUITE 220
JACKSONVILLE FL 32256

Mailing Address
8160 BAYMEADOWS WAY WEST, SUITE 220
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1998

4. FEI Number

59-3528719

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT
NAME NEVO, DORON
STREET ADDRESS 8160 BAYMEADOWS WAY WEST, SUITE 220
CITY-ST-ZIP JACKSONVILLE FL 32256

DELETE

1.1 TITLE

President & CEO

Change Addition

TITLE VS
NAME ROBINSON, WALTER
STREET ADDRESS 8160 BAYMEADOWS WAY WEST, SUITE 220
CITY-ST-ZIP JACKSONVILLE FL 32256

DELETE

1.2 NAME

J. R. Kennedy

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VS
NAME ROBINSON, WALTER
STREET ADDRESS 8160 BAYMEADOWS WAY WEST, SUITE 220
CITY-ST-ZIP JACKSONVILLE FL 32256

DELETE

2.1 TITLE

Treasurer

Change Addition

TITLE VS
NAME ROBINSON, WALTER
STREET ADDRESS 8160 BAYMEADOWS WAY WEST, SUITE 220
CITY-ST-ZIP JACKSONVILLE FL 32256

DELETE

2.2 NAME

Tom Sennott

2.3 STREET ADDRESS

927 Fern St.

2.4 CITY-ST-ZIP

Hamont Springs, FL 32701

TITLE VS
NAME ROBINSON, WALTER
STREET ADDRESS 8160 BAYMEADOWS WAY WEST, SUITE 220
CITY-ST-ZIP JACKSONVILLE FL 32256

DELETE

3.1 TITLE

Director

Change Addition

TITLE VS
NAME ROBINSON, WALTER
STREET ADDRESS 8160 BAYMEADOWS WAY WEST, SUITE 220
CITY-ST-ZIP JACKSONVILLE FL 32256

DELETE

3.2 NAME

Tzvi Friedman

3.3 STREET ADDRESS

30 Hasivim St.

3.4 CITY-ST-ZIP

Petah Tikva, Israel 149133

TITLE VS
NAME ROBINSON, WALTER
STREET ADDRESS 8160 BAYMEADOWS WAY WEST, SUITE 220
CITY-ST-ZIP JACKSONVILLE FL 32256

DELETE

4.1 TITLE

Director

Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/99 (954) 772-3070

CR2E034 (11/98)