FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

131

DOCUM 1. Corporation N		7	(3)			
	ECH ENTERPRISES, INC.					T (MANAN) ANN TARN BANK TIANG ANNI TARA TIAN BANK ATAN BARU BIFIT BARU TARA TARA
Principal Place o	of Business	Mailin	g Address			1 1001011 0131 10011 43113 11055 WITH 1001 01011 01011 01011 01011 01011
8718 WYTHMERE LANE ORLANDO FL 32835		O	8718 WYTHMERE LN. Orlando fl 32835 US			
		U	•			3. Date Incorporated or Qualified
2. Principal Plac	ce of Business	├ ─¬	ailing Address			4. FEI Number Applied For
	me_	26	uite, Apt. #, etc.			59-2614512 Not Applicable \$8.75 Additional
Suite, Apt #,	, etc.	27	лте, Арт. я, втс.			5. Certificate of Status Desired Fee Required
City & State		_+	ty & State			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zi	р	Country	,	 This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No
24	25 g. Name and Address of Current	29	ad Agent	30		Florida Statutes Yes No 10. Name and Address of New Registered Agent
	g. Name and Address of Content	negiate	ea Agent	81	Name	1 - (1)
CURIDE	AULT, WALTER W			-	KOS	Slyn P. Quilbeault Adiress (P.O. Box Number Is Not Acceptable)
	YTHMERE LANE		82 Street Ad			Vr Wythmere Lane
ORLANDO FL 32835				83	n	
Olibun	00 12 02000			84	City	- 85 Zip Code
					,	FL 22835
11. Pursuant to	the provisions of Sections 607.0502	and 607.1	508, Florida Statute	s, the above	named cor	rporation submits this statement for the purpose of changing its registered office board of directors. I hereby accept the appointment as registered agent. I am
or registere familiar with	id agent, or both, in the State of Fibrio n, and accept the obligations of, Section	on 607.05	05, Florida Statutes.	\cdot		- O Worken Dinlbeaut 1, 101
SIGNATURE	Roslin Sull	cau	4	Kosi		Quilbeault 1/10/96
	Signature, typed or proteo name of registered agent of OFFICERS AND			TE: Registered Age	nt signature rec	equired when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TILLE	PSD OFFICENS AND	DINEGIC	DELETE	1. 1 TITLE		Change Addition
NAME	GUILBEAULT, ROSLYN F.			1.2 NAME		
STHEET ADDRESS	8718 WYTHMERE LANE			1 3 STREE	I ADDRESS	
CITY-ST-ZIP	ORLANDO FL		,	1.4 CITY-	ST-ZIP	
TITLE	_ VD		DELETE	2 1 TITLE		V President Change Addition
NAME	SCHNEIDER, MARGARET A.			2 2 NAME	ļ	Watter W. Guibeault 9718 Wythmere La. Orlands, Fl. 32835
STREET ADDRESS	1207 STONEBROOK DRIVE.			2.3 S1RE	T ADDRESS	97/8 Wythmere A
CITY-ST-ZIP	SANFORD FL			2 4 CITY -	ST-ZIP	Change Addition
T-TLF			DELETE	3 1 TITLE	- 1	
NAME				3.2 NAME		
STHEE: ADDRESS				34 CITY	ET ADDRESS	
CITY-ST-ZIP TITLE			DELETE	4.17011		☐ Change ☐ Addition
NAME				4.2 NAME		
STREET ADDRESS				4.3 STRE	ET ADDRESS	
C-TY-ST-7IP				4.4 CITY	ST-ZIP	
TI'LE			DELETE	5 1 TiTU		Change Addition
NAME				5.2 NAMI	:	
STREET ADDRESS					E1 ADDRESS	
CITY - ST-ZIP			DELETE	5.4 CITY		Change Addition
TILE			□ nerese	6. 1 T(TL) 6.2 NAM	į	C Ontarile C Addition
NAME Averal Indusera				1	ET ADDRESS	
STREET ADDRESS				6.4 CITY		
	L v certify that the information supplied	with this fil	ling is voluntarily furr	siehad and de	see not oue	alify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
certify that		ua: report or to	or supplemental ann he receiver or truste	nual report is t se empowered		ccurate and that my signature shall have the same legal effect as if made under the this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR