

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

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 18 PM 2:51

DOCUMENT # J45409

(6)

1. Corporation Name

ECO FINANCIAL CORPORATION

Principal Place of Business

**2311 TIGERTAIL COURT
MIAMI FL 33133**

Mailing Address

**2311 TIGERTAIL COURT
MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1986

3a. Date of Last Report

04/08/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2751985

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ECONOMIDES, CHRISTOPHER
2311 TIGERTAIL COURT
MIAMI FL 33133**

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 of registered agent or registered agent and board of directors)

(Signature of registered agent and board of directors)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	ECONOMIDES, CHRISTOPHER
STREET ADDRESS	2311 TIGERTAIL COURT
CITY, ST, ZIP	MIAMI FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as it 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 187, Florida Statutes, and that my name appears as Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER ECONOMIDES

1/9/95

(305) 831-7225