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

DOCUMENT # K72846

ECB FLORIDA INVESTMENTS, LTD., INC.

Principal Place						
1500 C ATLANT	e of Business	Mailing Address				•
	FIC BLVD.	1500 E. ATLANTIC E	BLVD.			
SUITE B POMPANO BEACH FL 33060			Suite B Pompano Beach FL 33060		DO NOT WRITE IN THIS SPACE	
POMPANO BEACH PE 33000		TOWN AND DENOTE	POMPANO DENOME SOCIO		3. Date Incorporated or Qualifed	
					03/07/1989	
2. Principal P	lace of Business	2a. Mailing Address	s		4. FEI Number	Applied For
21		26			65-0192464	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	tc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27			5. Controdic of Calabo Scorio	Fee Required
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cour	itry	8. This corporation owes the current year Int	
24	25	29	30		Personal Property Tax. 10. Name and Address of New Registered	
	9. Name and Address of Curre	ent Registered Agent		81 Name	10. Name and Address of New Registered	Ageni
OAT	ES, DANIEL E			Name		
	E. ATLANTIC BLVD.				et Address (P.O. Box Number is Not Acceptable)	
SUIT			-	83		
	IPANO BEACH FL 33060			00	. `	
I ON	I AND BEACH TE GOOD			84 City	FL	85 Zip Code
		:00 1 COZ 1500 Florido	Statutes the al	ove samed com	poration submits this statement for the numose of	changing its registered
office or r	egistered agent or both in the Stat	e of Florida. Such change	was authorized	by the corporati	ion's board of directors. I hereby accept the appoi	ntment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.05	05, Florida Statu	tes.		
SIGNATURE		- delite if conlinable	(NOTE: Positioned	Agent signature require	ed when reinstating) DATE	
12.	Signature, typed or printed name of registered as	ND DIRECTORS	13.	gork signature ragon.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	PST	☐ D£L	ETE 1.1 TIT	E		
	NUSSLI, EDITH	ليا لكذا				☐ Change ☐ Addition
			1.2 NA			Change Addition
STREET ADDRESS] Change Addition
STREET ADDRESS	1500 E. ATLANTIC BLVD., SU		1.3 ST	ME		Change Addition
CITY-ST-ZIP			1.3 STI 1.4 CFI	ME REET ADDRESS Y-ST-ZIP	<u> </u>	Change Addition
CITY-ST-ZIP TITLE	1500 E. ATLANTIC BLVD., SU	ITE B	1.3 STI 1.4 CFI	ME REET ADDRESS Y-ST-ZIP	<u>;</u>	
CITY-ST-ZIP TITLE NAME	1500 E. ATLANTIC BLVD., SU	ITE B	1.3 STI 1.4 CR ETE 2.1 TIT 2.2 NA	ME REET ADDRESS Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1500 E. ATLANTIC BLVD., SU POMPANO BEACH FL 33060	DEL	1.3 STI 1.4 C/I 1.1 TIT 2.2 NA 2.3 STI 2.4 C/I ETE 3.1 TIT 3.2 NA 3.3 ST 3.4 C/I ETE 4.1 TIT 4.2 NA	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE		☐ Change ☐ Addition ☐ Change ☐ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS	1500 E. ATLANTIC BLVD., SU POMPANO BEACH FL 33060	DEL	1.3 STI 1.4 CPI 1.1 TIT 2.2 NA 2.3 STI 2.4 CPI ETE 3.1 TIT 3.2 NA 3.3 ST 3.4 CPI ETE 4.1 TIT 4.2 N/ 4.3 ST 4.4 CPI ETE 5.1 TIT 5.2 NA 5.3 ST 5.4 CPI 5.4 CPI 5.5 ST 5.5 S	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP		Change Addition Change Addition 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

OFFICER OR DIRECTOR

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90018 023 ***150.00