PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90006 029 ***150.00

DOCUMENT	#	VCSVV
	1.1	I 44.7/4

DOCU	MENT # L44324							
1. Corporation	ECHNIX, INC.				ĺ	· 		
IVIICHO I	ECHINIA, INC.					: (00:10:1 0:1 0:10:1 0:10:0 1:10:0 1:10:0 1:10:0 1:10:0 1:10:0 1:10:0 1:10:0 1:10:0 1:10:0 1:10:0 1:10:0 1:10		PIRIL RISKI KRAL
Principal Place of Business Mailing Address					i isalimii ali alali minsu ilila ilali shat kiati	#(#)(# #)) #1#)(<u> </u>	1191/ 618// 188/	
1175 N. COURT	ENAY PKY.	1175 N. COURTENAY PKY.						
SUITE 4-B	D. El. 000F0	SUITE 4-B MERRITT ISLAND FL 32953				DO NOT WRITE IN THIS	S SPACE	
MERRITT ISLAN US	U FL 32903	US				3. Date Incorporated or Qualifed		
		••				01/22/1990		{
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ar	oplied For
21		26				59-2987066		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt, #, etc.				5. Certifcate of Status Desired	¥	Additional equired
22		27				h man and a man		 .
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	Added	May Be to Fees
Zip	Country	Zip	Country			8. This corporation owes the current year In		1
24	25	<u> </u>	10			Personal Property Tax.	Yes	D No
	9. Name and Address of Current					10. Name and Address of New Registered	Agent	11
	AD 01110150 H		81	Name				
	OR, CHARLES W		82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
	N. COURTENAY PKWY.							
1	e 4-B Ritt Island fl 32953		83					
MER	MIT ISLAND FL 32933		84	City		FL	85 Zip	Code
				L				registered
i office or re	egistered agent, or both, in the State o	t Florida. Such change was aut	norizea by	tne corp	corpor oration	ation submits this statement for the purpose o's board of directors. I hereby accept the appo	intment as re	egistered
agent. I ar	n familiar with, and accept the obligati	ons of, Section 607.0505, Florid	da Statutes					
SIGNATURE	Signature, typed or printed name of registered agent	and title if annivable (NOTE: R	Registered Ager	it signature	required v	when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	V	☐ DELETE	1.1 TITLE		D	are the mas S	Change	Addition
NAME	DAVIS, ROBERT E		1.2 NAME	•	CIA	exe Thomas, S. Plany. 5 N. Counteray Plany.		'
STREET ADDRESS	1175 N. COURTENAY PARKWA	Υ	13 STREET	ADDRESS	117	SN. Course by	2	
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY-S	T- ZIP	Me	veril # Island, Fl 32953	<u>) </u>	CO A datata
TITLE	P	☐ DELETE	2.1 TITLE				Change	Addition
NAME	TAYLOR, JAMES M.		2.2 NAME					
STREET ADDRESS	1175 N COURTENAY PARKWAY	(2.3 STREE					1
CITY-ST-ZIP	MERRITT ISLAND FL	DELETE	2. 4 CITY-5	T-ZIP	 -	<u> </u>	☐ Change	Addition
TITLE	TAVI OD DATDICIA	A occess	3.1 TITLE 3.2 NAME				334	
NAME STREET ADDRESS	TAYLOR, PATRICIA 1175 N. COURTENAY PARKWA	v	3.3 STREE	TADDRESS				
STREET ADDRESS	MERRITT ISLAND FL 32953	'	3.4. CITY-S					
CITY-ST-ZIP TITLE	MENTINE INCAMP I E 05000	☐ DELETE	4.1 TITLE		\vdash		☐ Change	☐ Addition
NAME			4.2 NAME		-			ļ
STREET ADDRESS			4.3 STREE	TADDRESS				{
CITY-ST-ZIP			4,4 CITY-S	T-ZIP	<u> </u>			
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME					ļ
STREET ADDRESS			5.3 STREE					}
CITY-ST-ZIP		F1 50 500	5.4 CITY- S	T-ZIP	 			Addition
TITLE		DELETE	6.1 TITLE 6.2 NAME				Change	☐ Addition
NAME .				TADDRESS				ļ
STREET ADDRESS			6.3 STREE		Ì			

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.