

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

APPROVED
AND
FILED

95 FEB 27 AM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L78145

(4)

1. Corporation Name

ECI ENTERPRISES, INC.

Principal Place of Business

Mailing Address

442 NW 35TH ST
BOCA RATON FL 33431

442 NW 35TH ST
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0245647

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 123 NW 43 ST

2a. Mailing Address

26 123 NW 43 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 N/A

27

City & State

23 BOCA RATON FL

City & State

28 BOCA RATON FL

Zip

24 33431

Country

25 PALM BEACH

Zip

29 33431

Country

30 PALM BEACH

9. Name and Address of Current Registered Agent

PAINTER, JAMES M., P.A.
1300 N FEDERAL HWY
SUITE 110
BOCA RATON FL 33432-2848

10. Name and Address of New Registered Agent

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 the corporation

Signature typed or printed name of registered agent and the corporation

1994

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RICHARDS, ELIZABETH C.
STREET ADDRESS	442 NW 35TH ST
CITY, ST, ZIP	BOCA RATON FL
TITLE	DST
NAME	LEWIS, FREDDIE A.
STREET ADDRESS	442 NW 35TH ST
CITY, ST, ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	123 NW 43 ST
1.4 CITY, ST, ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	123 NW 43 ST
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct and that my signature shall have the same legal effect as if my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

E.C. Richards

E.C. RICHARDS, Pres

4/31/95

407-391-9860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1994