FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M81051** **(8)**

1. Corporation Name
E.G.C., INC.

Principal Place of Business	Mailing Address
6041 KIMBERLY BLVD SUITES J & K N LAUDERDALE FL 23068	6041 KIMBERLY BLVD SUITES J & K N LAUDERDALE FL 23068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/16/1988**
3a. Date of Last Report: **07/07/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: **65-0052991** ☐ 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

9. Name and Address of Current Registered Agent

RADER, STUART A.
7301 W. PALMETTO PARK ROAD
SUITE 200 C
BOCA RATON FL 33433

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1) TITLE	D	1) TITLE	☐ Change ☐ Addition
NAME	WAKNINE, ELI	2) NAME	
STREET ADDRESS	6041 KIMBERLY BLVD #J&K	3) STREET ADDRESS	
CITY ST ZIP	N LAUDERDALE FL	4) CITY ST ZIP	
2) TITLE		5) TITLE	☐ Change ☐ Addition
NAME		6) NAME	
STREET ADDRESS		7) STREET ADDRESS	
CITY ST ZIP		8) CITY ST ZIP	
3) TITLE		9) TITLE	☐ Change ☐ Addition
NAME		10) NAME	
STREET ADDRESS		11) STREET ADDRESS	
CITY ST ZIP		12) CITY ST ZIP	
4) TITLE		13) TITLE	☐ Change ☐ Addition
NAME		14) NAME	
STREET ADDRESS		15) STREET ADDRESS	
CITY ST ZIP		16) CITY ST ZIP	
5) TITLE		17) TITLE	☐ Change ☐ Addition
NAME		18) NAME	
STREET ADDRESS		19) STREET ADDRESS	
CITY ST ZIP		20) CITY ST ZIP	
6) TITLE		21) TITLE	☐ Change ☐ Addition
NAME		22) NAME	
STREET ADDRESS		23) STREET ADDRESS	
CITY ST ZIP		24) CITY ST ZIP	

14. I DO hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 1 or Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: E. Waknine
SIGNATURE AND TYPED OR PRINTED NAME OF BONNA OFFICER OR DIRECTOR

DATE

Telephone Number

0111922 CP