

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P92000008269**
1. Corporation Name
ELECTRO CARE SOLUTIONS, INC.

Principal Place of Business Mailing Address
4021 W. WATERS AVE
STE B
TAMPA, FL 33614 **SAME.**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
12/1/92 **8/4/95**
4. FEI Number Applied For
59-3154084 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
PATEL, SHAIKENDRA
4021 W. WATERS AVE, STE B
TAMPA, FL - 33614.

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 607.0507 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]* **PRESIDENT** **4/25/96.**
Signature (type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DAY

12. OFFICERS AND DIRECTORS DELETE
1. TITLE **D**
NAME **PATEL, SHAIKENDRA**
STREET ADDRESS **4021 W. WATERS AVE, STE B**
CITY - ST - ZIP **TAMPA, FL - 33614.**
2. TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
3. TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
4. TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
5. TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
6. TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
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

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-05/03/96--01032--025
*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* **SHAIKENDRA PATEL** **4/25/96.** **(813)886-0550**
Signature AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY

CR2E034 (12/95)