**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000029583

1. Corporation Name

EC DEVELOPMENT COMPANY, INC.

## Mar 02, 1999 8:00 am Secretary of State 03-02-1999 90042 041 \*\*\*150.00



Principal Place of Business	Mailing Address		- I (BAIKEN) 110 IA19% IISIN ANSIN ANDIN AN	ITIM ITMIM (MIN) MISKI IN	B B 1411 1 B B1
5901 N.E. 7TH AVE. BOCA RATON FL 33431	PO BOX 2032 STUART FL 34995				ı
BOOM RATON FE 33401	US	•	DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed		
			04/22/1993		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	<u> </u>	ied For
21 2600 SIMA OCKAN Blut		OCSAN Blud	65-0412715		Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Ad Fee Req	
City & State	City & State		6. Election Campaign Financing	\$5.00 N	lay Be
23 BOCA RATIN FI	28 BOCA 96470A	s, Fl	Trust Fund Contribution	Added to	Fees
Zip Country	Zip	Country	8. This corporation owes the current year		l
24 33432 25	29 35 45 2 30	<u>ol</u>	Personal Property Tax.		₹No
9. Name and Address of Current	Registered Agent	Od Name of	10. Name and Address of New Register	red Agent	
CACCALTY ID FOWADD		81 Name	WARD CASSART		
CASSALTY JR., EDWARD		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	/	
5901 NE 7 AVE				<u> </u>	
SUITE 280		83 5011	7 30		
BOCA RATON FL 33431		84 City 2	LA RADIN	85 Zip Co	de 2 2
11. Pursuant to the provisions of Sections 607.0502	and 607 1509 Florida Statutos	the above-pamed corn	oration submits this statement for the purpos	e of changing its r	aistered
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with and accept the obligations.	of Florida. Such change was auth	orized by the corporation	on's board of directors. I hereby accept the ap	opointment as regi	stered
agent. I am familiar with and accept the obligation	ions of, Section 607.0505, Florida		1 11-59	,	
SIGNATURE Signature Apad of printed name of registered again.	And title if applicable (NOTE: 8	ISter d Agent signature require	d when reinstating)  DATE  DATE	<u>'</u>	—
12. OFFICERS AND	<u></u>	13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	S IN 12
TITLE DP	☐ DELETE	1.1 TITLE	PRO	Change	☐ Addition
NAME CASSATLY, EDWARD JR.		1.2 NAME	EDWARD CASSATLY, JR. 2600 SO. OCEAN BLVD APT. 3D		
STREET ADDRESS 5901 N.E. 7TH AVE.		1.3 STREET ADDRESS	BOCA RATON FL 33432		.
CITY-ST-ZIP BOCA RATON FL 33431		1.4 CiTY-ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
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CITY-ST-ZIP		2.3 STREET ADDRESS			{
		2.4 CITY-ST-ZIP	<u></u>	•	
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NAME	☐ DELETE	2.4 CITY-ST-ZIP		Change	Addition
NAME	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		- Change	Addition
NAME STREET ADDRESS	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		- Change	Addition
NAME	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		Change	☐ Addition
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14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF