FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000043201 (1)

ECOR, INC.

May 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2431 ALOMA AVENUE 2431 ALOMA AVENUE					1 1001/60% 110 (#100 311/5 001/1 001/1 001/1 001/5 01/0% 51/10 11/0/1 10/16 15/61 10/61		
WINTER PARI			WINTER PARK FL 32792			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						06/14/1993	
2. Principal P	Place of Business	2a. Mailing Address	Mailing Address			4. FEI Number Applied For	
21		26				59-3195621 Not Applicable	
Suite, Apt.	. #, etc	Suite, Apt #, etc.				5. Certificate of Status Desired See Regulred	
22 City & Stat	to	City & State					
23	io.	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Co	untry		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. Yes No	
	g, Name and Address of Cur	rent Registered Agent		Щ		10. Name and Address of New Registered Agent	
	lling, dale d			81	Name		
	2431 ALOMA AVENUE			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
W	NTER PARK FL 32792			83		the state of the s	
				63			
				84	City	FI 85 Zip Code	
44 0	1.45	N 00 - 1007 1000 Ft. :- - 0:-1		Ш		, mar 1 1	
agent. I a	Cart of	7/1/				poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
	Signature typod or printed name of registered			ed Age	int signature requi	ured when reinstating) DATE	
12.	OFFICERS:	AND DIRPCTORS DELETE	13.	uti e		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAMÉ	HELLING, DALE D	- Vereit		iitle Vame		Ciginge D Addition	
STREET ADDRESS	2431 ALOMA AVE				ADDRESS		
CITY-ST-ZIP	WINTER PARK FL			SITY-S			
TITLE	7777-1777	DELETE		IITLE	1-20	Change Addition	
NAME		·	221	IAME		•	
STREET ADDRESS			2.3 5	TREET	ADDRESS		
CITY-ST-ZIP			2 4 CITY-		ST-ZIP	• 45	
TITLE			3.1	ITLE		Change Addition	
NAME			3.21	AME	1		
STREET ADDRESS			3.3 9	STREET	ADDRESS		
CITY-ST-ZIP		Tarian		CITY-S	ST- ZIP		
TITLE			ITLE	ļ	Change Addition		
NAME				NAME	100050		
STREET ADDRESS			1		ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.1	HY-S	1-202	Change Addition	
NAME		_j officit		VAME	ĺ	Change C Madullot	
STREET ADDRESS					ADORESS		
CITY-\$1-ZIP				SITY-S			
TITLE	 	DELETE	6.11		1- ¢1F	☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP	1			XY-S	- 1		
	certify that the information supplied	with this filing does not qualify				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 cath; 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.