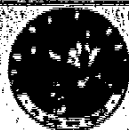


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 AM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000043266 (4)

1. Corporation Name

EEC TRADING CORP.

Principal Place of Business

**899 W. CYPRESS CREEK RD.
SUITE 910
FT. LAUDERDALE FL 33309**

Mailing Address

**899 W. CYPRESS CREEK RD.
SUITE 910
FT. LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **06/17/1993** 3a. Date of Last Report **04/19/1994**

4. FET Number **65-0421335** 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 information under Chapter 6, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

22. Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

23. City & State

23

City & State

28

24

25

29

30

9. Name and Address of Current Registered Agent

**SHERMAN, ALVIN
899 W CYPRESS CREEK RD
STE 910
FT LAUDERDALE FL 33309**

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 607.06(2) 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 of Current Registered Agent (if registered agent is not a corporation)

Signature of New Registered Agent (signature required when registered)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PSTD
SHERMAN, ALVIN
899 W. CYPRESS CREEK RD., SUITE 910
FT. LAUDERDALE FL 33309**

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

2. TITLE

3. NAME

4. STREET ADDRESS

5. CITY, ST, ZIP

☐ Change ☐ Addition

3. TITLE

4. NAME

5. STREET ADDRESS

6. CITY, ST, ZIP

☐ Change ☐ Addition

4. TITLE

5. NAME

6. STREET ADDRESS

7. CITY, ST, ZIP

☐ Change ☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

☐ Change ☐ Addition

6. TITLE

7. NAME

8. STREET ADDRESS

9. CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the registrant, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Sections 191.01(2), 191.01(3), 191.01(4) and 191.01(5), Florida Statutes. I further certify that the information made available on this annual report or supplementary 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 a director of the corporation and the receiver or trustee empowered to make this report as required by Chapter 191, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing. I am an officer or director with an address:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

805-776-0700