

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 # **P93000043266 (4)**

1. Corporation Name

**EEC TRADING CORP.**



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

**06/17/1993**

3a. Date of Last Report

**05/01/1995**

4. FEI 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 intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

**21 1250 E. Hallandale Beach Blvd.**

2a. Mailing Address

**26 1250 E. Hallandale Beach Blvd.**

Suite, Apt. #, etc.

**22 Suite 805**

Suite, Apt. #, etc.

**27 Suite 805**

City & State

**23 Hallandale, FL**

City & State

**28 Hallandale, FL**

Zip

**24 33009**

Country

Zip

**29 33009**

Country

**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)  
**1250 E. Hallandale Beach Blvd.**

83 Suite 805

84 City  
**Hallandale**

**FL**

85 Zip Code  
**33009**

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

Signature typed or printed name of registered agent and city and state

Signature typed or printed name of registered agent and city and state

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PSTD**  
STREET ADDRESS **SHERMAN, ALVIN**  
CITY-ST-ZIP **899 W. CYPRESS CREEK RD., SUITE 910**  
**FT. LAUDERDALE FL 33309**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS **1250 E. Hallandale Beach Blvd., #805**  
1.4 CITY-ST-ZIP **Hallandale, FL 33009**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/19/96**  
Date

**9544559000**  
Duplicate Printed

CR2E034 (12/95)