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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21 1997 8:00am Secretary of State

	1997	DIVIDION OF						
••	MENT # P93000 ECH, INC.	0058501 (6)						
nirchi	EON, INO	•			 	1144 11 47 1149		
Principal Place	e of Business	Mailing Address				i daiii abum mid		
1080 WINDWARD DRIVE		~	1080 WINDWARD DRIVE					
PEMROKE PINE		PEMROKE PINES FL 3302 US	6-3083					
US		00			3. Date Incorporated or Qualif 08/20/1993		ate of Last R	eport
	ace of Business	2a. Mailing Address			4. FEI Number			plied For
Suite Apt	# etc	26			65-0433302		\$8.75 A	t Applicable
22		27			5. Certificate of Status Desired	t	Fee Re	
City & State		City & State				on Campaign Financing \$5.00 May Be Fund Contribution Added to Fees		
Zip	Country	Zip	Countr	У	8. This corporation has liability			. 199.032,
24	25 9. Name and Address of Currer	29	30		Florida Statutes 10. Name and Address of New		No.	
		it Hadistalan Maatit	81	Name	19. Name and Address of Re-	A Manierara	Agent	
BROWN, GEORGE A 1080 WINDWARD DRIVE								
	BROKE PINES FL 33026		82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
· •			B\$	3				
			84	City	······································		85 Zip (Code
			ł	} ' '		FL	- 1 1	f
11. Pursuant to office or re	lo the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	12 and 607,1508, Florida Statut : of Florida, Such change was :	es, the abov	ve named co by the corpora	rporation submits this statement for ation's board of directors. I hereby a	the purpose of accept the ap	of changing it pointment as	s registered registered
agent La	ni familiar with, and accept the oblig	ations of, Section 607.0505, Fl	orida Statute	es.	ŕ	, ,		•
SIGNATURE	Segnature, typed or proted name of registered ag-	ent and trie if applicable (NO)	E: Registered Ar	pent signature req	ured when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TIFLE	P	DELETE	1 1 TITLE		9	145 × 5	Change	Addition
NAME	BROWN, GEORGE A.		1.2 NAME		CAGRAIDEA STEF 1880 EVINDONADO PENERORE POM),		ļ
STREET ADDRESS	1080 WINDWARD		1	T ADDRESS	1680 WINDONALO	Y.	2 to a C	}
Cify St - Zifi	PEMBROKE PINES FL 33028	☐ DELETE	1.4 CITY-		PENDAGE PAL	7 //··	Change	Addition
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STREET ADDRESS				T ADDRESS				ĺ
CITY - ST - ZIP			2. 4 CiTY					1
Tille		☐ DELETE	3.1 TITLE				Change	Addition
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CITA- ST- 4le			3.4. CITY	******			1 0-	1.000
TITLE	•	DELETE	41 TITLE	i			L Change	Addition
NAME Official Appendix			4. 2 NAMI	1				ŀ
STREET ADDRESS			4.3 STREE 4.4 CITY-	ET ADDRESS				l
OfficS*-7iP life	The state of the s	☐ DELETE	5.1 TATLE				Change	Addition
NAM:			5.2 NAME				-	[
STREET ADORESS			5.3 STREE	et address				ļ
CHY-ST-ZIP			5.4 CITY-	ST-ZIP				
1114.5		DELETE	61 TITLE				Change	Addition
NAME		•	6.2 NAME	l l				{
STREET ADORESS			6.3 STREE	ET ADDRESS]
CHY-S1-76			64 CITY-	ST-ZIP	445 0-45-446 07/0V9 FUZZZ 01	- C C - 17 - N-		1b

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in 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 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: