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

Mailing Address

1867 W. HILLSBORO BLVD.

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 07 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000002199 (5)

E.C.D.G. LTD., INC.

Principal Place of Business

1867 W. HILLSBORO BLVD.

| SUITE 800A                     | ACH EL 39449                                       | SUITE 800A<br>DEERFIELD BEACH FL 33442-1401 |   |                     |            |           |                                   |  |                       |                         |                        |
|--------------------------------|--|---|---|---------------------|------------|-----------|-----------------------------------|--|-----------------------|-------------------------|------------------------|
| DEERFIELD BEACH FL 33442<br>US |  | US  |   |                     |            |           | 3. Date Incorporated or Qualified | 3a. Date   | of Last F             | Report                  |                        |
|                                |  |   |   |                     |            |           |                                   | 01/10/1994   | 04/3/                 | 0/1996                  |                        |
| 2. Principal Pla               | nce of Business                                    | 2a. M                                       | lailing Address                               |                     |            |           |                                   | 4. FEI Number  |                       | A                       | pplied For             |
| 21                             |  | 26  |   |                     |            |           |                                   | 65-0458644   |                       |                         | lot Applicable         |
| Suite, Apt. #                  | f, etc   | 27 S  | Suite, Apt. #, etc.                           |                     |            |           |                                   | 5. Certificate of Status Desired   |                       |                         | Additional<br>tequired |
| City & State                   |  | c   | ity & State                                   |                     |            |           |                                   | 6. Election Campaign Financing   |                       |                         | ) May Be               |
| 23                             |  | 28  |   | 1 ~                 |            |           |                                   | Trust Fund Contribution  |                       |                         | to Fees                |
| Zip<br><b>24</b>               | Country 25   | 29  | įρ  | 30                  | ountry     | ,         |                                   | This corporation has liability for I Florida Statutes                          | ntangible ta<br>Yes 💢 |                         | s. 199.032,            |
|                                | g. Name and Address of Curren                      | t Register                                  | ed Agent                                      |                     |            | ,         |                                   | 10, Name and Address of New Re   | pletered Ar           | pent                    |                        |
| STIL                           | LER, CHARLENE H                                    |   |   |                     | 81         | Nan       | ю                                 |  |                       |                         |                        |
|                                | N.W. 25TH WAY                                      |   |   | 82 Street Add       |            |           | et Addres                         | ss (P.O. Box Number is Not Acceptab  | le)                   |                         |                        |
| BOC                            | A RATON FL 33434                                   |   |   |                     |            |           |                                   |  |                       |                         |                        |
|                                |  |   |   |                     | B3         | ļ         |                                   |  |                       |                         |                        |
|                                |  |   |   |                     | 84         | City      |                                   |  | FL                    | <b>85</b> Zip           | Code                   |
| 11. Pursuant to                | the provisions of Sections 607.050                 | 2 and 607.                                  | 1508, Florida Statu                           | tes, the            | above      | e-nam     | ed corpo                          | ration submits this statement for the p  |                       | hanging                 | its registered         |
| office or re                   | gistered agent, or both, in the State              | of Florida.                                 | Such change was                               | authoria            | zed by     | y the c   | orporatio                         | n's board of directors. I hereby accep   | t the appoi           | ntment as               | s registered           |
| agentia                        | CHARLE NE 11.                                      | 3110113 OI, 3                               | A A C (2)                                     | /3/2                | -          |           |                                   |  | 125                   |                         |                        |
| SIGNATURE                      | Signature typicd or printed name of registered age | ril and title if a                          | pplicable. (NO)                               | TE: Registe         | ered Ape   | ent signa | L<br>lura required                | when reinstating)  | DATE                  |                         |                        |
| 12.                            | OFFICERS AN  | DIRECTO                                     |   | 18                  |            |           |                                   | ADDITIONS/CHANGES TO OFFICE  | ERS AND I             | DIRECTO                 | RS IN 12               |
| TILE                           | PSD  |   | DELETE  | 1.1                 | TITLE      |           |                                   |  |                       | Change                  | Addition               |
| NAME                           | STILLER, CHARLENE H                                |   |   | 1.2                 | NAME       |           |                                   |  |                       |                         |                        |
| STREET ADDRESS                 | 3972 N.W. 25TH WAY                                 |   |   | 1.3                 | STREET     | ADDRES    | s                                 |  |                       |                         |                        |
| CITY - ST - ZIP                | BOCA RATON FL 33434                                |   |   | 1.4                 | CITY-S     | ST-ZIP    |                                   |  |                       |                         |                        |
| TITLE                          | VTD  |   | DELETE  | 21                  | TITLE      |           |                                   |  |                       | Change                  | ☐ Addition             |
| NAME                           | STILLER, L. GEORGE                                 |   |   | 22                  | NAME.      |           |                                   |  |                       |                         |                        |
| STREET ADDRESS                 | 3972 N.W. 25TH WAY                                 |   |   | 23                  | STREET     | ADDRES    | s                                 |  |                       |                         |                        |
| CITY-ST-ZIP                    | BOCA RATON FL 33434                                |   |   | 2                   | 4 CITY-    | ST-ZIP    |                                   |  |                       |                         |                        |
| TITLE                          |  |   | ☐ DELETE                                      | 31                  | TITLE      |           | i                                 |  | Ĺ                     | Change                  | Addition               |
| NAME                           |  |   |   | 32                  | NAME       |           |                                   |  |                       |                         |                        |
| STREET ADDRESS                 |  |   |   | 3.3                 | STAFET     | F ADDRES  | is .                              |  |                       |                         |                        |
| CITY-ST 7:P                    |  |   | OC CTC  |                     | I. CITY    | ST-ZIP    |                                   |  | <del></del>           | 10                      | 1.1422                 |
| TATLE                          |  |   | ☐ DELETE                                      |                     | TITLE      |           |                                   |  | L                     | Change                  | Addition               |
| NAME                           |  |   |   |                     | 2 NAME     |           |                                   |  |                       |                         |                        |
| STREET ADDRESS                 |  |   |   |                     |            | T ADDRES  | \$                                |  |                       |                         |                        |
| CHY-ST-ZIP                     |  |   | Documen                                       |                     | 1 CITY - S | ST-ZIP    | <del></del>                       |  |                       | Chann                   | Addition               |
| THLE                           |  |   | DEFELE  |                     | TITLE      |           |                                   |  | L                     | Change                  | Addition               |
| NAME                           |  |   |   | - 6                 | 2 NAME     |           |                                   |  |                       |                         |                        |
| \$1REE1 ADDRESS                |  |   |   |                     |            | T ADDRES  | S.                                |  |                       |                         |                        |
| CITY-ST-ZIP                    |  |   | Porter  |                     | CITY - S   | ST-ZIP    |                                   |  | т                     | Chance                  | Addition               |
| TITLE                          |  |   | DELETE  |                     | 1 TITLE    |           | 1                                 |  | L                     | Change                  | LJ MORRON              |
| NAME                           |  |   |   |                     | 2 NAME     |           | .                                 |  |                       |                         |                        |
| STREET ADDRESS                 |  |   |   |                     |            | T ADDRES  | S                                 |  |                       |                         |                        |
| CITY-S1-ZIP                    | w could that the information of the                | of suith this                               | filipa doss set sus                           |                     | 4 CITY-S   |           | D plated                          | in Section 119.07(3)(i), Florida Statute                                       | o I luebor            | configuration           | t the                  |
| information                    | n indicated on this annual report or i             | supplemen<br>the receiv                     | ital annual report is<br>ver or trustee empor | true an<br>wered to | d acci     | urate a   | and that n                        | ny signature shall have the same lega<br>as required by Chapter 607, Florida S | l effect as i         | if made ui<br>d that my | nder oath; that        |