

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

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montalvo
Secretary of State
Tallahassee, Florida 32399-0001

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS

DOCUMENT # **P94000009509 (8)**
1. Name of Corporation
ECN FINANCIAL SOLUTIONS, INC.

95 MAY -1 AM 11:21

2. Principal Place of Business
**537 DELTONA BLVD.
STE. 102
DELTONA FL 32725**

3. Mailing Address
**537 DELTONA BLVD.
STE. 102
DELTONA FL 32725**

Do not write in this space

3. Date the corporation was organized	3a. Date of Last Report
01/31/1994	
4. FIC Number	Applied For / Not Applicable
59-3230841	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ESSKUCHEN, CHARLES J R. 537 DELTONA BLVD. STE. 102 DELTONA FL 32725				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. State	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0503 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent as set forth in this report. 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 607.0503, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME D ESSKUCHEN, CHARLES J R. 537 DELTONA BLVD. DELTONA FL 32725		13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME		13.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME		13.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME		13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME		13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME		13.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME		13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 NAME		13.8 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I am hereby certifying that the information supplied with this report was voluntarily furnished and is true and correct, 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 person or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an affidavit with an affidavit.

SIGNATURE:  **President**

4/27/95 401-574-4070