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 # P94000023560 (3)

1. Corporation Name

ECR CONSULTANTS, INC.

Principal Place of Business	Mailing Address
~~125 VICTORY CIRCLE~~ BOYNTON BEACH FL 33436 US	125 VICTORY CIRCLE BOYNTON BEACH FL 33436 US

3. Date Incorporated or Qualified: 03/22/1994
3a. Date of Last Report: 08/14/1995

2. Principal Place of Business	21 214 Sunrise Ave	2a. Mailing Address	26 214 Sunrise Ave
Suite, Apt #, etc.	22 1	Suite, Apt #, etc.	27 1
City & State	23 LANTANA, FL	City & State	28 LANTANA, FL
Zip	24 33462	Zip	29 33462
~~County~~	25 Palm Bch	Country	30 Palm Beach

4. FEI Number: 65-0486346 ☐ 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

9. Name and Address of Current Registered Agent

BRETT A. ROBINSON
125 VICTORY CIRCLE
BOYNTON BEAVH FL 33436

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 607.0502 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] DATE 4/30/96

12. OFFICERS AND DIRECTORS

TITLE	DPVS	☐ DELETE
NAME	ROBINSON, EARLINE C	
STREET ADDRESS	5530-F COACH HOUSE CR.	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	T	☐ DELETE
NAME	BRETT A. ROBINSON	
STREET ADDRESS	125 VICTORY CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	214 Sunrise Ave	
1.4 CITY-ST-ZIP	LANTANA, FL 33462	
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	214 Sunrise Ave	
2.4 CITY-ST-ZIP	LANTANA, FL 33462	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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] 4-30-96 407-732 0929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)