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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000045332 (1)

EEC IMPORTS, INC.

Principal Place of Business Mailing Address 4548 NORTH FEDERAL HIGHWAY 4548 NORTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33308-5204 FT. LAUDERDALE FL 33308 3. Date incorporated or Qualified 3a. Date of Last Report 05/16/1996 06/09/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0499773 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution П 23 Added to Fees 28 Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, 24 30 Florida Statutes Yes No 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BISHINS, LARRY V 4548 NORTH FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33308-5271 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 11 TITLE Change Addition TITLE BISHINS, LARRY V 1.2 NAME 4548 NORTH FEDERAL HIGHWAY 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33308-5271 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE STD Change Addition 2.1 TITLE TITLE SCHATZ, RANDEE S 2.2 NAME NAME 220 SUNRISE AVENUE, SUITE 209 2.3 STREET ADDRESS STREET ADDRESS PALM BEACH FL 33480 2.4 CITY-ST-ZIP CITY-S1-ZIP ☐ DELETE Change Addition HILE 3.1 TITLE NAME 32 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY-ST-7iP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-SI-ZIF 4.4 City-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-718 5.4 City-ST-ZIP

14. 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

61 TITLE

62 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS CHTY-SI-ZIP

DELETE

Davime Phone #

FILED

Feb 06 1997 8:00am

Secretary of State

Change

.... Addition