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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 14 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000045412 (1)

ECP DEVELOPMENT, INC.

SIGNATURE:

Principal Plac	o of Business	Mailing Address	Mailing Address					
•			_					
166 LOOKOUT STE 201	PLACE	166 LOOKOUT PLACE	168 LOOKOUT PLACE STE 201 MAITLAND FL 32751-4496 US					
MAITLAND FL	32751							
US		US				3. Date Incorporated or Qualified	3a. Date of Last	•
						06/16/1994	04/29/1996	
	Place of Business	}¬ ~ ~	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt.	# elc		Suite, Apt #, etc.			59-3254437   Not Applicable		
22	", 010,	<del></del>	27			5. Certificate of Status Desired	,	Required
City & Stat	le	City & State				6. Election Campaign Financing		<del></del>
23		28	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Ζφ	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,		
24			30	30		Florida Statules Yes No		
	9. Name and Address of Cui	rrent Registered Agent		1		10. Name and Address of New Re	gistered Agent	
	RDAM, A C			81	Name			
188 LOOKOUT PLACE					Street Ac	dress (P.O. Box Number is Not Acceptab	lo)	
SUF			00					
MAI	TLAND FL 32751		83		SUITE ZOL			
				84	City		<b>85</b> Zip	Code
11 Degraph	to the provinces of Continue 607.	OLDD and CO7 1500 Florida CI	foliated the		nomed n	arrayation authority this otatement for the	FL   85 Z/F	ita rosintoro d
office or r	registered agent, or both, in the St	tate of Florida. Such change w	vas authoriza	ed by	the corpo	orporation submits this statement for the pration's board of directors. I hereby accep	it the appointment a	s registered
agent. I a	am familiar with, and accept the of	oligations of, Section 607.0505	5, Florida Sta	atutes				
SIGNATURE	Signature, typed or printed name of registered	t enery and title if eroly able	(NCDE: Register	ud Age	ne signaturo re-	quired when reinstating)	DATE	
12.		AND DIRECTORS	13.		- Cig Allore ID	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	D	DELE TE	11	TITLE	<u></u>		Change	Addition
NAME	LEERDAM, A C		12	NAME	1			
STREET ADDRESS	166 LOOKOUT PL, STE 20	1	1.3	STREET	ADDRESS			
CITY-ST-ZIP	MAITLAND FL		1.4	CITY - S	1-7(P			
TITLE	V\$			2.1 TITLE			☐ Change	Addition
NAME	WHITNEY, ALAN M		2.2	NAME	Ì			
STREET ADDRESS	166 LOOKOUT PL, STE 20	1	2.3	STREET	ADDRESS			
CITY-ST-ZIP	MAITLAND FL			2 4 CHY-S1-7IP				
TITLE	☐ DELETE		3.1	3.1 TITLE			Change	Addition
NAME				NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		DELETE		CITY-S	1-7IP		Change	Addition
	ł	ריי מנגניונ		TITLE			□ Change	AGUIRON
NAME DEDICE ADDRESS				NAME	ADDRESS			
STREET ADDRESS								
CITY-ST-ZIP TITLE		DELETE		CITY-S' TITLE	1 - 71k		☐ Change	Addition
NAME				NAME	-			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			4	011Y - S'				
TITLE	1	DELETE		TITLE			☐ Change	Addition
NAME			6.21	NAME	į			
STREET ADDRESS			6.3	STREET	ADDRESS			
CITY-ST-ZIP			64	CITY-S	1 - 7 P			
14. I do herel	by certify that the information supp	olied with this filing does not o	ualify for the	o exe	mplion star	ted in Section 119.07(3)(i), Florida Statutes	I further certify the	it the
informatio	officer or director of the corporation	or surgiemental annual report n or the receiver or trustee em	i is true and ipowered to	exec	rate and tr uto this rep	ted in Section 119.07(3)(i), Florida Statutes nat my signature shall have the same lega port as required by Chapter 607, Florida S	. enect as if made ui tatutes; and that my	noer oath; that   ' name
appears i	in Block 12 or Block 13 if cylany	t of on an attachment with an	address.			, 1		