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Apr 26, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000045412

1. Corporation Name

ECP DEVELOPMENT, INC.

| Principal Place | e of Business | Mailing A | ddress | | | | | 3.5., 55111 54111 | | | | |
|---------------------------------------|--|----------------------------|---------------------|---|----------------------------------|--|---------------------------------------|--|--------------|---------------|--------------|--|
| 175 LOOKOUT | PLACE | 175 LOOK | OUT PLACE | | | | | | | | • | |
| STE 201 STE 201 | | | | | | | | O NOT WRITE | IN THIS S | PACE | | |
| MAITLAND FL 32751 MAITLAND FL 32751 . | | | | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed | | | | |
| US US | | | | | | | 06/16/1994 | or Qualified | | | | |
| 0.0 | 1(D.:: | 2- Mailin | a Addrosa | | | | 4. FEI Number | | | T T 46 | plied For | |
| <u> </u> | | | Ra. Mailing Address | | | | 59-3254437 | | | _ | t Applicable | |
| Suite Ant. # etc | | | Suite, Apt. #, etc. | | | | 39-3234431 | | | \$8.75 | | |
| Suite, Apt. #, etc. | | <u> </u> | ├ | | | | 5. Certifcate of Statu | s Desired | | Fee Re | | |
| 22 27 27 City & State City | | | ity & State | | | 6 Floation Compaig | n Einancina | | \$5.00 | | | |
| | e | _ · | 28 | | | | 6. Election Campaig Trust Fund Contri | | | Added 1 | | |
| 23 Zip | Country | Zip | | Cor | untry | | 8. This corporation of | | t vear Inter | | | |
| _ ` | · · · | 29 | 1 | 30 | , | | Personal Property | | - |] Yes | □No | |
| 24 | 9. Name and Address of Curr | | | 30 | Τ- | | 10. Name and Addre | | gistered A | gent | | |
| | J. Haille and Address of Cult | CIT ITERISTERED Y | .30110 | | 81 | Name | | | | | | |
| LEF | RDAM, A C | | | | | | | | | _ | | |
| 175 LOOKOUT PLACE | | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| SUITE 201 | | | | | 83 | | <u> </u> | | | | | |
| | LAND FL 32751 | | | | 63 | | | | | | | |
| HARLI | IDAND I C 32:31 | | | | 84 | City | | | | 85 Zip (| Code | |
| | | | | | | | | | FL | | | |
| office or r agent. I a | to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obli | te of Florida. Suc | h change was ai | uthorize | d by | the coro | ration's board of directors. | nereby accept | the appoint | ment as re | gistered | |
| SIGNATURE | Signature, typed or printed name of registered a | gent and title if applicab | ile. (NOTE: | Registere | d Agen | t signature re | equired when reinstating) | | DATE | _ | | |
| 12, | OFFICERS AND DIRECTORS | | | | <u> </u> | | ADDITIONS/CHAN | GES TO OFFI | CERS AND | DIRECTO | RS IN 12 | |
| TITLE | D | | ☐ DELETE | 1.1 ₹ | ITLE | | PT | | | Change | Addition | |
| NAME | LEERDAM, A C | | | 1.2 N | AME | | | | | | | |
| STREET ADDRESS | THE LOCK OUT THE ACT OFF | 201 | | 1.3 S | TREET | ADDRESS | | | | | | |
| City-ST-ZIP | MAITLAND FL | | | 140 | TY-SI | T-ZIP | | | | | | |
| TITLE | VS | | ☐ DELETE | 2.1 T | | | | | | Change | Addition | |
| NAME | WHITNEY, ALAN M | | | 22N | IAME | | | | | | | |
| | ATE LOOKOUT OLLOS OTE | 201 | | | | ADDRESS | | | | | | |
| STREET ADDRESS | | 201 | | 1 | | | | | | | | |
| CITY-ST-ZIP | MAITLAND FL. | | ☐ DELETE | 3.1 T | CITY-S | II-ZIF | | | | Change | ☐ Addition | |
| TITLE | | | _ occeie | | | | | | | _ , | _ | |
| NAME | | | | | IAME | | | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | ☐ DELETE | | CITY-S | T- ZIP | | | | Change | ☐ Addition | |
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| NAME | | | | | NAME | | | | | | | |
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| CITY-ST-ZIP | | | | | | | | | | | | |
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| '' | | | ☐ DELETE | 5.1 T 5.2 N | TTLE NAME | ** | | | | ☐ Change | Addition | |
| STREET ADDRESS | | | ☐ DELETE | 5.1 T 5.2 N | TTLE NAME | T-ZIP | | | 100 100 100 | ☐ Change | ☐ Addition | |
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| STREET ADDRESS CITY-ST-ZIP | | | | 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T | TTLE NAME STREET STY-ST | TADDRESS | | | | | · , | |

14. I 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 procedure of 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 changes, or procedure with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

BEQUIRE O PRINTED NAME OF SIGNING OFFICER OR DIRECTOR