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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1997	DIVISION OF CO	PRPORATIONS		
	MENT # P94000 ECH, INC.	080507 (4)			I BRIGI INISI OFFIK ANSA ANNI ANNI INDI
Principal Place of Business Mailing Address 201 FLAGSHIP DR. P.O. BOX 898 LUTZ FL 33549 LUTZ FL 33548-0698				1 (29)(39) (12 13(1) 0)9H 25(1) 88(1) 98(1)	6 an at 18 th 2 and 18 and
				3. Date Incorporated or Qualified 11/02/1994	3a. Date of Last Report 04/23/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	# elc	Suite, Apt. #, etc.		59-3307114	Not Applicable \$8.75 Additional
2	, , , , ,	27		5. Certificate of Status Desired	Fee Required
City & State 3	0	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	
4	25 Name and Address of Current		0	Florida Statutes L 10. Name and Address of New Re	Yes No
9. Name and Address of Current Registered Agent ALLEY, RAYMOND A JR 81 Name				IQ. Hame and Address of the Fre	Jistoria Agent
			82 Street Addre	ess (P.O. Box Number is Not Acceptab	(e)
TAN	IPA FL 33608-2209				
			83		•
			84 City		FL 85 Zip Code
SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation of the state of the		thorized by the corporati da Statutes. Registered Agent signature require	oration submits this statement for the p ion's board of directors. I hereby accep ad when reinstating)	t the appointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE NAME	D Crosby, Richard L Sr.	☐ DELETE	1.1 TITLE 1.2 NAME		Change Addition
STHEFT ADDRESS	17309 LINDA VISTA CIRCLE LUTZ FL 33549		1.3 STREET ADDRESS		
CHY-ST-ZIP THLE	D	DELETE	1.4 CITY - ST - ZIP		Change Addition
NAME	TAYLOR, WILLIAM S JR.		2.2 NAME		• • • •
STREET ADDRESS	1040 BIG MOSS LAKE RD.		2.3 STREET ADDRESS		
CHY-S1-7IP	LUTZ FL 33549	☐ DELETE	2. 4 CITY - ST - ZIP	,	Change Addition
TITLE NAME		C DECEIE	3.1 TITLE 3.2 NAME	¥.	Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-ST-ZIP			3.4. CITY - ST - ZIP		
lart.		DELETE	4.3 TITLE		Change Addition
NAME CANCEL ANDROSE			4.2 NAME		
STREET ADDRESS CITY+S1-74P			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	······································	Change Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY - S1 - ZIP		Plentin	5.4 CITY - ST - ZIP		Change Ladring
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	•	
City - ST - ZIP			6.4 City - St - 78P		

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 appears in Block 12 or Block 13 if changild, and an attackment with an address.

SIGNATURE:

FILED

Mar 31 1997 8:00am

Secretary of State