

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90200 003 ***150.00

DOCUMENT # P95000025137

1. Corporation Name

EAST COAST ORNAMENTAL CARE, INC.

Principal Place of Business

4301 OAK CIRCLE, SUITE 23
BOCA RATON FL 33431

Mailing Address

4301 OAK CIRCLE, SUITE 23
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1995

4. FEI Number

65-0582252

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

GLEN, CAROL A
4301 OAK CIRCLE, SUITE 23
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

GLEN, ANDREW

82 Street Address (P.O. Box Number is Not Acceptable)

4301 OAK CIRCLE SUITE 23

83

84 City

BOCA RATON

FL

85 Zip Code

33431

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 ANDREW C. GLEN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/15/98

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME ALBACH, MARLA
STREET ADDRESS 4301 OAK CIRCLE, SUITE 18
CITY-ST-ZIP BOCA RATON FL 33431

TITLE VP ☒ DELETE

NAME GLEN, CAROL A
STREET ADDRESS 4301 OAK CIRCLE, SUITE 23
CITY-ST-ZIP BOCA RATON FL 33431

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 P ☒ Change ☐ Addition

1.2 NAME GLEN, ANDREW
1.3 STREET ADDRESS 4301 OAK CIRCLE #23
1.4 CITY-ST-ZIP BOCA RATON, FL, 33431.

2.1 TITLE V.P. ☒ Change ☐ Addition

2.2 NAME BORN, ROBERT.
2.3 STREET ADDRESS 4301 OAK CIRCLE #23
2.4 CITY-ST-ZIP BOCA RATON, FL, 33431.

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW C. GLEN REQUIRED

1/14/99 (56) 392-0977

CR2E034 (11/98)