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May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000055117 (2)

1. Corporation Name

ECMS, INC.

Principal Place of Business

Mailing Address

648 N. TAMiami TRAIL  
OSPREY FL 34229

648 N. TAMiami TRAIL  
OSPREY FL 34229-8834



3. Date Incorporated or Qualified  
07/13/1995

3a. Date of Last Report  
02/27/1996

2. Principal Place of Business  
21 101 CHARDIN DR.

2a. Mailing Address  
26 101 CHARDIN DR.

4. FEI Number  
59-3326488

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

22 City & State  
23 NOKOMIS, FL

27 City & State  
28 NOKOMIS, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 Zip  
34275

Country

29 Zip  
FL 34275

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRAZIER, GEOFFREY  
1819 MAIN STREET  
SUITE 203  
SARASOTA FL 34236

81 Name

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

648 N. TAMiami TRAIL 101 CHARDIN DR.

83

84 City

OSPREY NOKOMIS

FL

85 Zip Code  
34229

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME PUSZAKOWSKI, RICKY S  
STREET ADDRESS 1819 MAIN STREET, SUITE 203  
CITY-ST-ZIP SARASOTA FL 34236

1.1 TITLE D  
1.2 NAME PUSZAKOWSKI, RICKY S  
1.3 STREET ADDRESS 648 N. TAMiami TRAIL 101 CHARDIN DR.  
1.4 CITY-ST-ZIP OSPREY, FL 34229 NOKOMIS, FL 34275

TITLE D  
NAME FRAZIER, GEOFF  
STREET ADDRESS 1819 MAIN STREET, SUITE 203  
CITY-ST-ZIP SARASOTA FL 34236

2.1 TITLE D  
2.2 NAME FRAZIER, GEOFF  
2.3 STREET ADDRESS 648 N. TAMiami TRAIL 101 CHARDIN DR.  
2.4 CITY-ST-ZIP OSPREY, FL 34229 NOKOMIS, FL 34275

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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; 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICK PUSZAKOWSKI

9/28/97

981-918-8206

Daytime Phone #

0434742

CR2E034 (9/96)