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FILED

May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000070798 (0)**

1. Corporation Name

**ECS MANAGEMENT SYSTEMS, INCORPORATED**

Principal Place of Business

**4527 ROOSEVELT BLVD  
SUITE 105  
JACKSONVILLE FL 32210**

Mailing Address

**5885 EDENFIELD RD., APT B27  
JACKSONVILLE FL 32277-1217**



2. Principal Place of Business

21 **1236 SOUTH McDUFF AV.**

Suite, Apt. #, etc.

22 **SUITE 202**

City & State

23 **JACKSONVILLE FL**

Zip

24 **32205**

Country

25 **FLORIDA**

2a. Mailing Address

26 **1236 SOUTH McDUFF AV.**

Suite, Apt. #, etc.

27 **SUITE 202**

City & State

28 **JACKSONVILLE, FL**

Zip

29 **32205**

Country

30 **FLORIDA**

3. Date Incorporated or Qualified

**09/11/1995**

3a. Date of Last Report

**08/27/1996**

4. FEI Number

**59-3335042**

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

9. Name and Address of Current Registered Agent

**CUFF, RICHARD  
4527 ROOSEVELT BLVD  
SUITE 105  
JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent

81 Name **CUFF, RICHARD**

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

**5885 EDENFIELD RD. APT. B27**

83 **APT. B27**

84 City **JACKSONVILLE**

**FL**

85 Zip Code **32205**

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]*

**RICHARD CUFF**

**1/31/97**

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

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P  
CUFF, RICHARD  
5885 EDENFIELD RD., #B27  
JACKSONVILLE FL 32277**

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

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☒ Addition

**TREASURER  
MIRIAM ATWATERS-CUFF  
5885 EDENFIELD RD., # B27  
JACKSONVILLE, FL 32277**

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 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 changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
**RICHARD CUFF**

**1/31/97 (904) 381-9444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)