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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P95000073223 (6) DOCUMENT # 1. Corporation Name

ECCTA-CEA LIEDES INC

Principal Place of Business	Mailing Address
2841 NE 23 STREET ET LAUDERDALE EL 33306	2841 NE 23 STREET ET LAUDERDALE EL

FILED Mar 03 1998 8:00am Secretary of State

LOOIA	TOEA NENDO, INC.									
Principal Plac	e of Business	Mailing A	ddress				a induitate ien energe miett Beite an itt omet B	#		
2841 NE 23 S	STREET	2841 NE	23 STREET			ŀ				
FT LAUDERDALE FL 33305 FT LAUDERDALE FL 33305			5							
						-	DO NOT WRITE IN	THIS SPACE		
	4			<u> </u>			 Date Incorporated or Qualified 09/20/1995 			
2. Principal P	Place of Business	2a. Mailin	g Address			ŀ	4. FEI Number		plied For	
21		26					65-0611740		ot Applicable	
Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 / Fee Re			
22		27	State							
City & State	е	— <u> </u>	Siale				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
Zip	Country	28 Zip		Count	'V					
_ `	25	29	ŀ	30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	2. Name and Address of C			301			10. Name and Address of New Regis			
EI I	LIS, SANDRA B			8	Name					
	41 NE 23 STREET			L						
	LAUDERDALE FL 33305			8	2 Stree	t Address	s (P.O. Box Number is Not Acceptable)			
	ENDDEHDYCE I C 20003			8	3					
				L	ļ			Ta-T		
				8	City			FL 85 Zip (Code	
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.150	8, Florida Statute	s, the abo	ve-name	d corpora	ation submits this statement for the purp	nose of changing it	s registered	
office or r agent. I a	registered agent, or both, in the im familiar with, and accept the	poligations of Section	n change was a on 607.0505, Flo	utnorizea i rida Statut	by the co es.	orporation	's board of directors. I hereby accept the	ne appointment as	registered	
SIGNATURE	Smother BGD	(u)					2-2	13-98		
SIGNATURE	Signature, lyped or printed name of registe	red agent and little if applica	ble. (NOTE	Registered A	gent signatu	v beniuper enu	when reinstating)	DATE		
12.		RS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICER			
TITLE	PS		☐ DELETE	1.1 TITLE				Change	Addition	
NAME	ELLIS, SANDRA B			1.2 NAMI						
STREET ADDRESS	2841 NE 23 STREET			1.3 STRE	T ADDRESS	3				
CITY-ST-ZIP	FT LAUDERDALE FL 333	305		1.4 CITY	ST-ZIP					
TITLE			☐ DEL ETE	2.1 TITLE		1		∐ Change	Addition	
NAME				2.2 NAM					+	
STREET ADDRESS				2.3 STRE	T ADDRESS	3			1	
CITY-ST-ZIP				2. 4 C(TY	- ST- ZIP					
TITLE			☐ DELETE	3.1 TITLE				Change	Addition	
NAME				3.2 NAME						
STREET ADDRESS				3.3 STRE	T ADDRESS	3				
CITY-ST-ZIP			T-1	3.4. CITY		_				
TITLE			☐ DELETE	4.1 TITLE				☐ Change	Addition	
NAME				4. 2 NAM	Ē					
STREET ADDRESS				4.3 STRE	T ADDRESS	\$ 				
CITY-ST-ZIP				4.4 CITY		 _			4,1190	
TITLE			DELETE	5.1 TITLE				Change	Addition	
NAME		•		5.2 NAME						
STREET ADDRESS				5.3 STRE	T ADDRESS	\$				
CITY-ST-ZIP				5.4 CITY			· · · · · · · · · · · · · · · · · · ·		4.4.00-	
TITLE			DELETE	6.1 TITLE		1		Change	Addition	
NAME				6.2 NAME		1	. 1			
STREET ADDRESS				6.3 STRE	t address	3	· .			
CITY-ST-ZIP				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.