SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000076609 (3)

ECS OF BELLE GLADES GENERAL, INC.

Principal Place of Business Mailing Address

FILED Aug 12 1998 8:00am Secretary of State



N. MIAMI BEAC	HES DAIRY RD HIFL SOIBU	1001 N. MIAMI	N. MIAMI BEACH FL 33180				DO NOT WRITE IN TH	IS S PA(Œ
							3. Date Incorporated or Qualified 10/05/1995	-	
2. Principal P	lace of Business	2a. Maili	2a. Mailing Address				4. FEI Number		Applied For
21		26					65-0618242		Not Applicable
Suite, Apt.		27					5. Certificate of Status Desired		.75 Additional ee Required
City & Stat	e	28 City	& State				6. Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zip 24	Country 25	Zip 29		Count 30	try		This corporation owes or has paid the corporation owes or has paid the corporate Tax due June 30.	☐ Үев	□ No
	9. Name and Address of Curr	ent Registered	Agent		1		10. Name and Address of New Registere	Agent	
	illinger, Jeffrey P			8	31	Name			
1001 IVES DAIRY RD #206 N. MIAMI BEACH FL 33180					32	Street Add	ress (P.O. Box Number is Not Acceptable)		
				18	33				
ı				8	34	City	F	85	Zip Code
SIGNATURE	registered agent, or both, in the Sta am familiar distribution acception of Complete Signature, specific printed and service of registered a	Jan-					pration submits this statement for the purpose of ion's board of directors. I hereby accept the app	ointment	t as registered
12.		AND DIRECTOR	RS	13.			ADDITIONS/CHANGES TO OFFICERS /	ND DIF	RECTORS IN 12
TITLE	VPTD		DELETE	1.1 TITLE	E			CH	nange Addition
NAME	SCHILLINGER, JEFFREY P			1.2 NAM	E				
STREET ADDRESS	N MIAMI BEAHC FL	9 # 596				ADDRESS			
CITY-ST-ZIP TITLE	PSD PSD			1.4 CITY		ZIP		- 	
NAME	SCHILLINGER, DAVID MD		DELETE	2.2 NAM				L Cr	nange L Addition
STREET ADDRESS	1001 WES DAIRY R	706				ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL	, 0-0		2.4 CITY-					
TITLE			DELETE	3.1 TITLE				Cr	ange Addition
NAME				3.2 NAM	E				-
STREET ADDRESS				3.3 STRE	ET/	ADDRESS			
CITY-ST-ZIP				3.4 CITY		ZIP		700	
TITLE			DELETE	4.1 TITLE				L Ch	ange L_ Addition
NAME				4.2 NAM					
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP TITLE			DELETE	4.4 CITY- 5.1 TITLE		ZIP		1 0	nange Addition
NAME			DECE 16	5.2 NAM				ال ليوا	nange Addition
STREET ADDRESS				1		ADDRESS			
CITY-ST-ZIP				5.4 CITY-					
TITLE	THE THE PERSON OF THE PERSON O		DELETE	6.1 TITLE				Cr	nange Addition
NAME				6.2 NAMI	E			_	
STREET ADDRESS				6.3 STRE	ET A	ADORESS			
CITY OT 71D				6.4.0174	et.	7(0			

14. Thereby 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 cath; 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.