

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

FILED

**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 # P96000015785 (4)
1. Corporation Name
I.E.C. TRADING, INC.



Principal Place of Business 1466 ENTERPRISE-OSTEEN ROAD ENTERPRISE FL 32725	Mailing Address 1466 ENTERPRISE-OSTEEN ROAD ENTERPRISE FL 32725-9405
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3. Date Incorporated or Qualified 02/19/1996	3a. Date of Last Report
4. FEI Number 59-3361756	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**WARZECHA, EWALD
1466 ENTERPRISE-OSTEEN ROAD
ENTERPRISE FL 32725**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	HEIL, EDGAR A
STREET ADDRESS	106 WILLIAMSBURG DRIVE
CITY - ST - ZIP	EXPORT PA 15632
TITLE	D <input type="checkbox"/> DELETE
NAME	WARZECHA, EWALD
STREET ADDRESS	1466 ENTERPRISE-OSTEEN ROAD
CITY - ST - ZIP	ENTERPRISE FL 32725
TITLE	D <input type="checkbox"/> DELETE
NAME	WARZECHA, CLAUDIA
STREET ADDRESS	1466 ENTERPRISE-OSTEEN ROAD
CITY - ST - ZIP	ENTERPRISE FL 32725
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: *Sandra B. Mortham* **WARZECHA, CLAUDIA G. Warzecha** 4/26/97 324-1400
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V70978 (4)

1. Corporation Name
POTTER CONSTRUCTION INC.



Principal Place of Business 22535 GROUPEY COURT BOCA RATON FL 33428	Mailing Address 22535 GROUPEY COURT BOCA RATON FL 33428-4624
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2. Principal Place of Business 21 1997 TICKFORD ST. Suite, Apt. #, etc.	2a. Mailing Address 26 1997 TICKFORD ST. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10/07/1992	3a. Date of Last Report 05/01/1996
22 City & State 23 MIDDLEBURG, FL 32068	27 City & State 28 MIDDLEBURG, FL 32068	4. FEI Number 65-0362148	Applied For <input type="checkbox"/> Not Applicable
24 Zip 32068	25 Country USA	29 Zip 32068	30 Country USA

9. Name and Address of Current Registered Agent POTTER, CHRISTOPHER A. 22535 GROUPEY CT. BOCA RATON FL 33428		10. Name and Address of New Registered Agent 81 Name POTTER, CHRISTOPHER A. 82 Street Address (P.O. Box Number Is Not Acceptable) 1997 TICKFORD ST 83 84 City MIDDLEBURG FL 85 Zip Code 32068	
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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: *Christopher A. Potter* DATE: **4/28/97**

Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POTTER, CHRISTOPHER A.		1.2 NAME CHRISTOPHER A. POTTER	
STREET ADDRESS 22535 GROUPEY CT.		1.3 STREET ADDRESS 1997 TICKFORD ST.	
CITY-ST-ZIP BOCA RATON FL		1.4 CITY-ST-ZIP MIDDLEBURG, FL 32068	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POTTER, TOBI A.		2.2 NAME POTTER, TOBI A.	
STREET ADDRESS 22535 GROUPEY CT.		2.3 STREET ADDRESS 1997 TICKFORD ST.	
CITY-ST-ZIP BOCA RATON FL		2.4 CITY-ST-ZIP MIDDLEBURG, FL 32068	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Christopher A. Potter* DATE: **4-28-97** DAYTIME PHONE: **904-278-8787**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/96)