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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

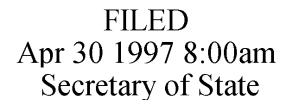
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000019235 (6)

EICAM INDUSTRIES INC.





| Prencipal Place Y TAYEX 1916 RHSS E ORANGE PARK | e of Business XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 1416 KING | A. KING. AT | | | 3. Date Incorporated or Qualific | ed 3a . Da | ate of Last f | Report |
|--|--|-----------------|---------------|--|--|---|-------------------|--------------------|---|
| | | | | | | 03/01/1996 | | | |
| | lace of Business | 2a. Mailing | g Address | | | 4. FEI Number | | | pplied For |
| | Woodlake Dr. | 26 | | | | 59-3364490 | | | ot Applicable |
| Suite, Apt | # etc | Suite, 7 | Apt. #, etc. | | | 5. Certificate of Status Desired | 文 | 4 - · · · - | Additional equired |
| City & Stat | 10 | City & | State | | | 6. Election Campaign Financing | | • | May Be |
| 23 Orang | e Park, Florida | 28 | | _ | | Trust Fund Contribution | , <u> </u> | | to Fees |
| Zipi Country | | Zip | | Countr | y | This corporation has tiability | | _ | s. 199.032, |
| 24 32073 | 3 25 U.S.A | 29 | <u>.</u> | 30 | | Florida Statutes | | N _o ⊃ | |
| | 9. Name and Address of Currer | nt Registered A | gent | 81 | Name | 10. Name and Address of New | Registered | Agent | , |
| KING, DAVID A 14 16:KINGGLEX: AVEX GRANGE-PARK/EL:82073: | | | | 83 | Street Address (P.O. Box Number is Not Acceptable) Attorney at Law 1416 Kingsley Avenue City Orange Patk, FL 85 Zip Code 32073 | | | | |
| agent La SIGNATURE | to the provisions of Sections 607.050 registered agent, or both, in the State and familiar with, and accept the oblig Signature typical or protections of registered agency. | | | | | olred when reinstating) ADDITIONS/CHANGES TO O | DATE | | |
| TITLE | D | Dineorono | DELETE | 1.1 TITLE | | ADDITIONAL OFFICE OF CO. | TIOLITO ACT | Change | Addition |
| NAME | MURRAY, EUGENE I | | | 1.2 NAME | | | | | |
| STREET ADDRESS | 1915 WOODLAKE DR | | | 1.3 STREE | T ADDRESS | | | | |
| £:1Y - \$1 - 7IP | ORANGE PARK FL 32073 | | | 1.4 CITY- | ST-ZIP | | | | |
| `IILE | D | | DELETE | 21 TITLE | | | | Change | Additio |
| NAVE | MURRAY, CATHY A | | | 2 2 NAME | 1 | | | | |
| STREET ADDRESS | 1915 WOODLAKE DRIVE | | | 2 3 STAE | T ADDRESS | | in . | | |
| C(1Y - ST - ZF) | ORANGE PARK FL 32073 | | | 2 4 DITY | ST-ZIP | | <u> </u> | | |
| TOTALE | | | DELETÉ | 3.1 TIFLE | | | | L Change | Additio |
| NAME | | | | 3.2 NAME | | | | | |
| STREET ADDRESS | | | | 3.3 STREE | T ADDRESS | | | | |
| CHY-SI-ZIF | | | T ACCEPT | 3.4. CITY- | ST-ZIP | | | 7706 | N. A. |
| l ILE | | | DELETE | 4.1 T(TLE | | | | Change | Addition |
| NAME State Charles | | | | 4. 2 NAMI | 1 | | | | |
| STREET ADDRESS | 1 | | | 4.3 STREE | 1 224HHHE 1 | | | | |
| | | | | | | | | | |
| | | | DELETE | 4.4 CHY- | | | | Chance | Addition |
| IIIF | | | ☐ DELETE | 5.1 TITLE | ST-ZIP | | | Change | Additio |
| TITLE NAME | | | ☐ DELETE | 5.1 TITLE 5.2 NAME | ST-ZIP | | | Change | Additio |
| Title Name Street address | | | ☐ DELETE | 5.1 TITLE 5.2 NAME 5.3 STREE | ST-ZIP T ADDRESS | | | Change | Additio |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- | ST-ZIP T ADDRESS | | | | |
| Title Name Street address C-(Y-ST-ZiP Title | | | DELETE DELETE | 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE | ST-ZIP T ADDRESS ST-ZIP | | | Change | |
| CITY-SE-ZIP TITLE NAME SERFET ADDRESS C-TY-SE-ZIP THEE | | | | 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME | ST-ZIP T ADDRESS ST-ZIP | | | | ☐ Additio |
| THEE NAME STREET ADDRESS CITY-ST-ZIP THEE | | | | 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME | ST-ZIP T ADDRESS ST-ZIP T ADORESS | | | | |

reornered, 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 13 if changed, or on an attachment with an address.