

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90252 019 ***150.00

DOCUMENT # P96000032987

1. Corporation Name
ECON ACCOUNTING, INC.

Principal Place of Business
1411 S.E. 47TH TERRACE
CAPE CORAL FL 33904

Mailing Address
1411 S.E. 47TH TERRACE
CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1996

4. FEI Number

65-0672854

Applied For
Not Applicable

5. Certificate of Status Desired ☐ Yes ☒ No

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ Yes ☒ No

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1922 S.E. 36th St

2a. Mailing Address

26 1922 S.E. 36th St

--- Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Cape Coral

City & State

28 Cape Coral

Zip

24 33904

Country

25 FL

Zip

29 33904

Country

30 FL

9. Name and Address of Current Registered Agent

EDWARDS, HARMON
1411 S.E. 47TH TERRACE
CAPE CORAL FL 33904

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

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

NAME PST
KRAMER, FRANZ-WILHELM
STREET ADDRESS 1411 SE 47TH TERRACE
CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ DELETE

NAME FS
BECH, GEORGE J
STREET ADDRESS 5400 PARK STREET NORTH (PH-9)
CITY-ST-ZIP ST. PETERSBURG FL 33709

TITLE ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

NAME PST
KRAMER, FRANZ-WILHELM
STREET ADDRESS 1922 S.E. 36th St
CITY-ST-ZIP Cape Coral / FL / 33904

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

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 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, with all other like empowered.

SIGNATURE:

Kramer Franz-Wilhelm
11/9/98

1941 540 2817
Daytime Phone #

CR2E034 (11/98)