

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90200 019 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P96000035015**

1. Corporation Name  
**ECHESS INC.**



Principal Place of Business  
**ORANGE CITY HESS**  
**1910 S VOLUSIA AVE**  
**ORANGE CITY FL 32763**  
**US**

Mailing Address  
**ORANGE CITY HESS**  
**1910 S VOLUSIA AVE**  
**ORANGE CITY FL 32763**  
**US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/19/1996</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>65-0662754</b>	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country		29. Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>DUBROW DUKER &amp; ASSOCIATES, P.A.</b> <b>2840 UNIVERSITY DRIVE</b> <b>CORAL SPRINGS FL 33065</b>		10. Name and Address of New Registered Agent	
81. Name <b>ALTA KARTON</b>		82. Street Address (P.O. Box Number is Not Acceptable) <b>100 Randon Henge</b>	
83. City <b>Kate May</b>		85. Zip Code <b>FL 32746</b>	

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 <i>[Signature]</i>		DATE <b>06/24/99</b>	
(NOTE: Registered Agent signature required when reissuing)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME <b>D RAMANI, SHAUKAT</b> STREET ADDRESS <b>101 GRAND PLAZA DR M-1</b> CITY-ST-ZIP <b>ORANGE CITY FL 32763</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME <b>D RAMANI, HASANAD</b> STREET ADDRESS <b>101 GRAND PLAZA DR M-1</b> CITY-ST-ZIP <b>ORANGE CITY FL 32763</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
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TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 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: *[Signature]* **SHAUKAT RAMANI** 03/799 407-521-5511  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)