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

DOCUMENT # P96000082443

1. Corporation Name

ECOM DATA PRODUCTS, INC.

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90101 022 ***150.00



Principal Place of Business Mailing Address								
10311 NORTH WEST 48TH COURT CORAL SPRINGS FL 33076		10311 NORTH WEST 48TH COURT CORAL SPRINGS FL 33076		DO NOT WRITE IN THI	S SPACE		_	
					3. Date Incorporated or Qualifed			
					10/02/1996			
2. Principal Place of Business 2a. Mailing Address			· i# c :		4. FEI Number	Applied For		ı
21/0248	2 NW 47th St	26 16242 NW 47# S+		65-0706382	Not Applicable		1	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	• -	Additional equired	_	
22	F26	27 - # 26				<u> </u>	1	
City & State		City & State 28 SUN115C	28 SUNTISC, FC		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes the current year f		Ω ₄ γ₀	
24 333		29 33351 30	03	<u> </u>	Personal Property Tax.	Yes	₹5IAO	ł
Name and Address of Current Registered Agent				Name	10. Name and Address of New Registere	a Agent		1
MODDEL MAVAIE C				Name				
KOPPEL, WAYNE S			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
8211 WEST BROWARD BOULEVARD SUITE 230			83					ł
	ITATION FL 33324		63					
FLAN	TATION IL 33324		84	City	F	85 Zip	Code	ĺ
							registered	ł
office or re	scietared agent or both in the State	of Florida, Such change was author	inzed by i	ine comporatio	pration submits this statement for the purpose n's board of directors. I hereby accept the app	ointment as re	gistered	
agent. 1 ar	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida	Statutes.					ļ
SIGNATURE		NOTE: Se-	internal Amora	t signature required	when reinstation) DATE			١.
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12	3
TITLE	PD	DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	_		1.2 NAME					1:
	EDINOT, ENVIRENCE O			ADDRESS				
CITY-ST-ZIP	CODAL OPPINION FL 00070			ZIP				
TITLE	V DELETE 2:11					☐ Change	☐ Addition] (
NAME	EDRICH, MICHELLE G	2.2 N						
STREET ADDRESS	Epitori, mortale o		2.3 STREET	ADDRESS	and the second s			١.
CITY-ST-ZIP	CORAL SPRINGS FL	and the same of th	2. 4 CITY-S	- ` -				}
TITLE	001012 011111100 12	☐ DELETE	3.1 TITLE			. Change	☐ Addition	ļ
NAME		·	3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				l
CITY-ST-ZIP	;		3.4. CITY-S	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE		-	Change	☐ Addition	
NAME	•		4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY- ST	r-ZIP]
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	}
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST	r-ZIP				1
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				

CITY-ST-ZIP 14. 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS