

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000094403 (8)
 1. Corporation Name
A1 - ECK SWEEPING SERVICE, INC.

Principal Place of Business 3105 S.E. 10TH AVENUE CAPE CORAL FL 33904	Mailing Address 3105 S.E. 10TH AVENUE CAPE CORAL FL 33904
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1714 S.E. Santa Barbara Pl.		2a. Mailing Address 26 1714 S.E. Santa Barbara Pl.		3. Date Incorporated or Qualified 11/14/1996	
Suite, Apt. #, etc. 22 Cape Coral FL.		Suite, Apt. #, etc. 27 Cape Coral FL.		4. FEI Number 65-0709189	
City & State 23 33991		City & State 28 33991		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33991		Country 25 U.S.A.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29 U.S.A.		Country 30 U.S.A.		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MILLER, BRIAN L 3105 S.E. 10TH AVENUE CAPE CORAL FL 33904				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 1714 S.E. Santa Barbara Pl.	
83				84 City Cape Coral	
85 Zip Code 33991				86 State FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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 MILLER, BRIAN L		1.2 NAME	
STREET ADDRESS 3105 S.E. 10TH AVENUE		1.3 STREET ADDRESS 1714 S.E. Santa Barbara Pl.	
CITY-ST-ZIP CAPE CORAL FL 33904		1.4 CITY-ST-ZIP Cape Coral FL 33991	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, CARL L		2.2 NAME	
STREET ADDRESS 3105 S.E. 10TH AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP CAPE CORAL FL 33904		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, MARLENE J		3.2 NAME	
STREET ADDRESS 3105 S.E. 10TH AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP CAPE CORAL FL 33904		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BABULA, MICHELE A		4.2 NAME	
STREET ADDRESS 3105 S.E. 10TH AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP CAPE CORAL FL 33904		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 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: *Brian L Miller* **Brian L. Miller pres 03-20-98 441-574-4658**

CR2E034 (10/97)