

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 25, 1999 8:00 am  
Secretary of State

04-25-1999 90008 019 \*\*\*450.00

DOCUMENT # P97000012550

1. Corporation Name  
ECWERKS, INC.

Principal Place of Business

100 N TAMPA ST  
#3600  
TAMPA FL 33602  
US

Mailing Address

100 N TAMPA ST  
#3600  
TAMPA FL 33602  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1997

4. FEI Number

59-3433347

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

g. Name and Address of Current Registered Agent

FAMA, JAMES  
ECKWERKS, INC  
100 N TAMPA ST SUITE #3600  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name  
Dilip Patel, IMRglobal Corp.  
82 Street Address (P.O. Box Number is Not Acceptable)  
26750 U.S. Hwy. 19 N., Suite 500  
83  
84 City  
Clearwater  
85 Zip Code  
FL 33761

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]*

DILIP PATEL, Secretary

4/5/99

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
V	BUCKLEY, LAWRENCE C JR	100 N TAMPA ST #3600	TAMPA FL 33602	<input type="checkbox"/>
V	HICKSON, DAVID W	100 N TAMPA ST #3600	TAMPA FL 33602	<input type="checkbox"/>
P	POLLARD, JAMES T	100 N TAMPA ST #3600	TAMPA FL 33602	<input type="checkbox"/>
V	LANDRY, GARY K	100 N TAMPA ST #3600	TAMPA FL 33602	<input type="checkbox"/>
T	WILDER, BRIAN V	100 N TAMPA ST #3600	TAMPA FL 33602	<input checked="" type="checkbox"/>
S	FAMA, JAMES P	100 N TAMPA ST #3600	TAMPA FL 33602	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
S	Dilip Patel	IMRglobal Corp.	26750 U.S. Hwy. 19 N., Suite 500	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Joseph A. Springer	100 N. Tampa Street, Suite 3600	Tampa, FL 33602	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-99 (813) 222-3900

CR2E034 (11/98)