


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

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Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90096 011 ***163.75

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000070752					
1. Corporation Name E.C.T.S., INC.					
Principal Place of Business 206 E. CENTRAL BLVD. SUITE 304 ORLANDO FL 32801			Mailing Address 206 E. CENTRAL BLVD. SUITE 304 ORLANDO FL 32801		
2. Principal Place of Business 21 224 ROYAL PALM DRIVE Suite, Apt. #, etc. 22 City & State 23 FORT LAUDERDALE, FLORIDA Zip 24 33301 Country 25 USA		2a. Mailing Address 26 224 ROYAL PALM DRIVE Suite, Apt. #, etc. 27 City & State 28 FORT LAUDERDALE, FLORIDA Zip 29 33301 Country 30 USA		3. Date Incorporated or Qualified 08/14/1997	
9. Name and Address of Current Registered Agent NISI, FRANK P JR. 205 E. CENTRAL BLVD. SUITE 304 ORLANDO FL 32801		10. Name and Address of New Registered Agent 81 Name NISI, FRANK P JR. 82 Street Address (P.O. Box Number is Not Acceptable) 918 ORANGE AVE, 5th B 83 84 City Winter Park, FL 85 Zip Code 32789			
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			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	CHRISTAKIS-TATSAKIS, ELIAS		1.2 NAME	TATSAKIS, ELIAS C.	
STREET ADDRESS	1018 N.W. 132 AVENUE		1.3 STREET ADDRESS	224 ROYAL PALM DRIVE	
CITY-ST-ZIP	SUNRISE FL 33323		1.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOYATZOGLOU, THEODOSIOS		2.2 NAME	VOYATZOGLOU, THEODOSIOS	
STREET ADDRESS	1018 NW 132 AVE		2.3 STREET ADDRESS	224 ROYAL PALM DRIVE	
CITY-ST-ZIP	SUNRISE FL 33323		2.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE:

 THEODOSIOS VOYATZOGLOU

4/3/1999

(954) 383-1321

Date

Daytime Phone #

CR2E034 (1/1/98)