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

**PROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** May 04 1998 8:00am Secretary of State

1. Corporation	E COLUMNS, INC.	000094269 (2)	)			
Principal Plac	e of Business	Mailing Address	Mailing Address			-
2121 4TH AVI	ENUE NORTH	2121 4TH AVENUE NO	2121 4TH AVENUE NORTH			
LAKE WORTH			LAKE WORTH FL 33461			DO NOT MIDITE IN THIS SPACE
						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
						1
2. Principal P	2a. Mailing Address	Address			10/31/1997 4. FEI Number Applied For	
<del>-</del>	INCO OI DUSIIIOSS	<del></del>	26			65-0803036 Not Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.			S8 75 Additional
22	.,	<u> </u>	27			5. Certificate of Status Desired Fee Required
City & State	0	City & State				6. Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution Added to Fees
Zip			Cou	intry		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. X Yes No
	9. Name and Address of	Current Registered Agent				10. Name and Address of New Registered Agent
EDGEWORTH, ALEC D				81	Name	
212	21 4TH AVENUE NORTH			82	Street Addre	ess (P.O. Box Number is Not Acceptable)
LAI	KE WORTH FL 33461					<u> </u>
				83		
				84	City	85 Zip Code
						F <u>L                                     </u>
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 charge 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 pronted name of regi-	stered agent and title if applicable {No	OTE Registere	d Agen	nt signature require	d when reinstating) DATE
12.	OFFICE	RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0	DELETE	E 1.1 TITLE			Change Addition
NAME	<b>EDGEWORTH</b> , ALEC D		1.2 NAME			
STREET ADDRESS	4553 BUCIDA ROAD		1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY-ST-ZIP		-ZIP	
TITLE	D	D DELETE 211		TLE		Change Addition
NAME	Court of the first transfer of the first tra		2.2 N	AME	1	
STREET ADDRESS	4553 BUCIDA ROAD		2.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL		2. 4 CITY-ST-ZIP		T - ZIP	
TITLE	•	☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 N			
STREET ADDRESS					ADDRESS	ļ
CITY-ST-ZIP	the state of the s			ITY-ST	- ZIP	
TITLE			4.1 Ti			☐ Change ☐ Addition
NAME				4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		•	
CITY-ST-ZIP				4 4 CiTY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME	<b>1</b>		5.2 N			
STREET ADDRESS			5.3 ST	TREET A	ADDRESS	·
CITY-ST-ZIP	· <del></del>			TY-ST	- ZIP	
TITLE			6.1 Tr			☐ Change ☐ Addition
NAME			6.2 N			
STREET ADDRESS			6.3 S1	TREET A	ADDRESS	
				TY-ST		
14. I hereby o	certify that the information sup	plied with this filing does not qualify	tor the exc	empti	on stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information

the management is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an acciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an address. officer or director of the corp. Block 12 or Block 13 if ghap.