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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000102832

1. Corporation Name

EALCON DEVELOPMENT CORPORATION

Feb 15, 1999 8:00 am Secretary of State 02-15-1999 90012 012 ***150.00

.,,	DEVELOTINE OF THE	111011						
Principal Place	e of Business	Mailing Addres	SS S					188 11110 1181 1861
1701 CHELTENBOROUGH DR		1701 CHELTENBOROUGH DR						
ORLANDO FL 32835		ORLANDO FL 32835					C 11 TUR OF 10E	
							E IN THIS SPACE	
						3. Date Incorporated or Qualifed 12/04/1997		
2. Principal Pl	lace of Business	2a. Mailing Ad	dress			4. FEI Number		Applied For
21		26				59-3481788		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certifcate of Status Desired		Additional
22		27				5. Solitorio 5. States 5.50	Fee I	Required
City & State	e	. City & Star	te			6. Election Campaign Financing		0 May Be
23		28				Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	_	Country		8. This corporation owes the curre	·	□No
24	25	29		30		Personal Property Tax. 10. Name and Address of New R	Yes Agent	□N0
	9. Name and Address of Currer	nt Registered Agen	1	81	Name	10. Name and Address of New K	egistered Agent	,, ,
EALC	CONED MATTHEW			- 0'	Name			
FALCONER, MATTHEW 1701 CHELTENBOROUGH DR			82	Street A	ddress (P.O. Box Number is Not Accepta	ble)		
	ANDO FL 32835			83		The second secon	10 F 13 4 5 1 5 1 1 1 1 1	Carlo Carlo Cons
OND	ANDO 1 E 32033			03			。这是的關門情報	海州学院
				84	City	The second secon	85 Zi	o Code
					l	the state of the s	FL G	ito registered
11. Pursuant	to the provisions of Sections 607.050)2 and 607.1508, Flo of Florida, Such cha	orida Statute:	s, the above	e-named co	orporation submits this statement for the ation's board of directors. I hereby accep	purpose of changing i t the appointment as	registered
Office of the				tnonzea by	the corpor			
agent. I a	m familiar with, and accept the obliga	itions of, Section 60	7.0505, Flori	tnonzed by da Statutes	e corpor			
agent. I at SIGNATURE	m familiar with, and accept the obliga	itions of, Section 60	7.0505, Flori	da Statutes	·. 		DATE	
agent. I ai	m familiar with, and accept the obligation of registered age	nt and title if applicable	7.0505, Flori	da Statutes	·. 	uired when reinstating) · .	DATE	
agent. I al SIGNATURE 12.	m familiar with, and accept the obligation of registered age OFFICERS AN	nt and title if applicable	7.0505, Flori (NOTE: I	da Statutes Registered Ager	·. 	uired when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	TORS IN 12
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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: