

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  
Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90015 049 \*\*\*150.00

DOCUMENT # S11249

1. Corporation Name  
E. C. D. M., INC.

Principal Place of Business  
2102 TYLER ST  
HOLLYWOOD FL 33020

Mailing Address  
2102 TYLER ST  
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1990

4. FEI Number

65-0280961

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

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

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

METHOT, ELANOR  
326 OKLAHOMA ST  
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81 Name

LORI ANN METHOT

82 Street Address (P.O. Box Number is Not Acceptable)

2839 LINCOLN ST.

83

84 City

Hollywood

FL

85 Zip Code

33020

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

*Lori Ann Methot*

3/15/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE  
NAME METHOT, ELEANOR M.  
STREET ADDRESS 326 OKLAHOMA ST  
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES. ☒ Change ☐ Addition  
1.2 NAME LORI ANN METHOT  
1.3 STREET ADDRESS 2839 LINCOLN STREET  
1.4 CITY-ST-ZIP HOLLYWOOD, FL 33020

2.1 TITLE V.P. DONALD W. KRALL ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS 6303 SHERMAN STREET  
2.4 CITY-ST-ZIP HOLLYWOOD - FL 33024

3.1 TITLE SECR ☐ Change ☒ Addition  
3.2 NAME KATHERINE A. KRALL  
3.3 STREET ADDRESS 6303 SHERMAN STREET  
3.4 CITY-ST-ZIP HOLLYWOOD, FL 33024

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Donald W. Krall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE034 (11/98)

0137334