

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90153 027 ***150.00

DOCUMENT # V30979

1. Corporation Name

ECC OF ORLANDO, INC.

Principal Place of Business

800 NORTH MAGNOLIA AVENUE
OLYMPIA PLACE 1 STE 1200
ORLANDO FL 32803
US

Mailing Address

PO BOX 960
PLYMOUTH MEETING PA 19462
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1992

4. FEI Number

23-2688980

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUNROE, W BRADLEY
239 E VIRGINIA ST
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

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 PTSD ☐ DELETE
NAME MYERS, W. GARY
STREET ADDRESS 293 STONEGATE
CITY-ST-ZIP DEVON PA 19333

1.1 TITLE V, D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE PD ☐ Change ☒ Addition
2.2 NAME ROBERT MAUCH
2.3 STREET ADDRESS 127 WEST DEVON DRIVE
2.4 CITY-ST-ZIP ETON, PA 19341

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE V ☐ Change ☐ Addition
3.2 NAME CHRISTOPHER DEBBAS
3.3 STREET ADDRESS 213 LAFAYETTE LANE
3.4 CITY-ST-ZIP WAYNE, PA 19087

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE VT ☐ Change ☒ Addition
4.2 NAME TERRY WEIKEL
4.3 STREET ADDRESS 112 CHRISTINE DRIVE
4.4 CITY-ST-ZIP DOWNINGTOWN, PA 19335

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE S ☐ Change ☒ Addition
5.2 NAME ANDREW JANUS
5.3 STREET ADDRESS 8 MOUNTWELL AVENUE
5.4 CITY-ST-ZIP HADDONFIELD, NJ 08033

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE TERRY WEIKEL

4/29/99

610 834-8376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)