

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthant
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L09110** (2)

1. Corporation Name

ECB INDUSTRIES, INC.



Principal Place of Business

**1140 19 ST NW
S300
WASHINGTON DC 20036**

Mailing Address

**1140 19 ST NW
S300
WASHINGTON DC 20036**

3. Date Incorporated or Qualified

08/14/1989

3a. Date of Last Report

01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

65-0135092

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PILON, JAMES A.
1000 N. TAMiami TRAIL
#201
NAPLES FL 33940**

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 607.0506, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
DP	BERSON, ERIC C.	1536 32ND ST, NW	WASHINGTON DC	<input type="checkbox"/>
S	BERSON, ELAINE B.	1536 32ND ST. N.W.	WASHINGTON DC	<input type="checkbox"/>
AS	CONLEY, DANIEL E	5600 TRAIL BLVD. STE 2	NAPLES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. CHANGE	6. ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
7. TITLE	8. NAME	9. STREET ADDRESS	10. CITY, ST, ZIP	11. CHANGE	12. ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY, ST, ZIP	17. CHANGE	18. ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
19. TITLE	20. NAME	21. STREET ADDRESS	22. CITY, ST, ZIP	23. CHANGE	24. ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
25. TITLE	26. NAME	27. STREET ADDRESS	28. CITY, ST, ZIP	29. CHANGE	30. ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric C. Berson

1/22/96 (202)223-6906

CR2E034 (12/95)