

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

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

98 JUN 28 PM 12:01

DOCUMENT # P98000100763

1. Corporation Name
EDI/EC SERVICES, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address

665 SE 21ST AVENUE SUITE 302 DEERFIELD BEACH FL 33441

665 SE 21ST AVENUE SUITE 302 DEERFIELD BEACH FL 33441

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/03/1998

4. FEI Number
06-1532476 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 Fee

8. This corporation owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name **DIETER KARALUZ**

82 Street Address (P.O. Box Number is Not Acceptable)
665 SE 21st. AVE #302

83

84 City **Deerfield Beach** FL 85 Zip Code **33441**

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]* **Dieter Karaluz** **01/26/99**
Signature typed or printed name of registered agent and the filer (10/91) Registered Agents only to report when not filing

12. OFFICERS AND DIRECTORS

TITLE	PT	[] DELETE
NAME	STEFANO, MICHAEL D	
STREET ADDRESS	6361 LAKEMONT CT	
CITY-ST-ZIP	EAST AMHERST NY 14051-2055	
TITLE	VS	[] DELETE
NAME	KARALUZ, DIETER	
STREET ADDRESS	665 SE 21ST AVE STE 302	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
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

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	600002770486- - 3
14 CITY-ST-ZIP	-02/09/99 -01118--010
21 TITLE	***158.75 ***158.75
22 NAME	[] Change [] Addition
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 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]* **DIETER KARALUZ** **01/26/99 (954) 5709225**
Signature and typed or printed name of signing officer or director Date Day - Month - Year

CR2E034 (11/98)