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

FLORIDA DEPARTMENT OF STATE Feb 05 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # G19194 (1)EASTERN IMPORTS, INC. Mailing Address Principal Place of Business 562 \$ EDGEWOOD AVE 562 S EDGEWOOD AVE JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/11/1983 2a. Mailing Address 4. FE! Number 2. Principal Place of Business Applied For Not Applicable 59-2302057 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KALLAM, CURTIS B 15 NORTHERN DANCER DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **OCALA FL 32675** 83 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 (NOTE: Registered Agent signature required w DATE Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change Addition 1.1 TITLE TITLE KALLAM, CURTIS B. 1.2 NAME NAME 15 NORTHENDANCER DRIVE 1.3 STREET ADDRESS STREET ADDRESS OCALA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ___ DELETE 2.1 TITLE Change TITLE KALLAM, BRYAN 2.2 NAME NAME 3339 PEELER RD STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP Change Addition TITLE DELETE 4.1 TITLE NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 52 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CTY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 6.1 T TITLE 6.21 ΛE NAME STREET ADDRESS 635 FFT ADDRESS -SI-ZIP CITY-ST-ZIP 6.40 14. I hereby certify that the information supplied with this filing does not qualify for the exindicated on this annual report or supplemental annual report is true and accurate an officer or director of the corporation or the receiver or trustee empowered to execute Block 12 or Block 13 if changed, promanattachment with an address. notion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an is report as required by Chapter 607, Florida Statutes; and that my name appears in

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1/29/98 352-368-1992