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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M93957

(2)

## EASTWOOD MARKETING INC.

FILED Jan 23 1997 8:00am Secretary of State

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Principal Place	Principal Place of Business		Mailing Address			T HONGER IS THE THIRD INTO IDING BOTH REAL REAL MEDIT MENT DERIS OF A PROPERTY OF THE FRANCE				
6801 LAKE WO	DRTH ROAD		WORTH RD							
Suite 102 Lake Worth	EI 99467	SUITE 102	RTH FL 33467-29	25						
US	rl 3340/	US	110 1C 3040/20	03			3. Date Incorporated or Qualified 08/11/1988		Date of Last 3/18/1996	
2. Principal P	lace of Business	<b>2a.</b> Mailing	g Address			********	4. FEI Number	·		Applied For
21		26					13-3486492			Not Applicab
Suite, Apt.	#, etc	Suite, .	Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & Stat	€	City &	State				6. Election Campaign Financing		\$5.0	May Be
23		28					Trust Fund Contribution			d to Fees
Zip	Country	Zip	ļ	Counti	ry		8. This corporation has liability fo			r s. 199,032,
24	25	29		30				Yes		
	9, Name and Address of C	Current Hegistered A	gent	0.	1)	Name	10. Name and Address of New R	egisterec	o Agent	
	NDS, WILLIAM			•	1	Name				
	river drive			8:	2	Street Addr	ess (P.O. Box Number is Not Accepta	able)	<del> </del>	
TEC	NUESTA FL 33464			<u> </u>	,	*				<del></del>
				8	5					
				8	4	City			<b>85</b> Z	p Code
						<del> </del>	poration submits this statement for the	F		
office or r agent. La	registered agent, or both, in the im familiar with, and accept the	State of Florida. Such obligations of, Section	h change was a on 607.0505, Flo	uthorized t rida Statuti	by t	the corporat	ion's board of directors. I hereby acc	ept the ar	pointment	as registered
SIGNATURE					_			DATE		
12,	Signature, typerfor printed name of regist OFFICER	rered agent and lete if applicat HS AND DIRECTORS	ale (NOTE	13.	gen	nt signature requir	red when reinstating) ADDITIONS/CHANGES TO OFF		ID DIRECTO	ORS IN 12
TITLE	D	TO AND EMIL OTORIO	DELETE	1.1 TITLE	:		ADDITIONO IN TALES TO STA	02.1074	Chang	
NAME	SANDS, WILLIAM			1.2 NAME						
STREET ADDRESS	71 RIVER DRIVE					ADDRESS				
CITY - ST - ZIP	TEQUESTA FL			1.4 CITY			•			
TITLE	TEGUESIATE		DELETE	2.1 TITLE		· £)F			Chang	e Additio
NAME				2.2 NAME						
STREET ADDRESS						ADDRESS				
CITY-SI-ZIP				2. 4 CITY						
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NAME			-	3.2 NAME						<del></del>
STREET ADDRESS	•			33 STRE		ADDRESS				
CITY - ST - ZIP				34. CITY						
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NAME				4 2 NAM	1E					
STREET ADDRESS	Ì			4		address				
CITY-ST-Z:P				4.4 CITY						
TITLE			DELETE	5.1 TITLE			-		Chang	e Additio
NAME				5.2 NAM	Ε					
STREET ADDRESS				4		ADDRESS				
CITY-ST-ZIP				5.4 CITY						
TITLE			DELETE	5.1 TITLE					Chang	e 🔲 Additio
NAME				6.2 NAMI					•	
STREET ADORESS				ı		ADDRESS				
CITY - ST-ZIP				6.4 CITY						
on regit (II	I			D.1 0(1)	اد	4.11				

14. I do 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 trostee 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.

SIGNATURE:

1-15-97 561-433-8488