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**Jan 22 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P93000037782 (8)

1. Corporation Name
EASTWOOD INVESTORS, INC.



Principal Place of Business
**2407 FRUITVILLE RD.
SARASOTA FL 34237**

Mailing Address
**2407 FRUITVILLE RD.
SARASOTA FL 34237-6222**

3. Date Incorporated or Qualified
05/25/1993

3a. Date of Last Report
06/19/1996

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Mailing Address Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	29. FEI Number	30. Applied For	31. Certificate of Status Desired	32. Election Campaign Financing Trust Fund Contribution	33. Additional Fee Required	34. May Be Added to Fees
				BURG VAN OERSLAAN	32	4904 LL	NETHERLANDS	65-0413441	Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	\$8.75	\$5.00

9. Name and Address of Current Registered Agent
**DOZIER, THOMAS A
2407 FRUITVILLE RD.
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
				FL

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE BIE, ALEXANDER V. P	1.2 NAME	
STREET ADDRESS	BURG VAN OERSLAAN 32	1.3 STREET ADDRESS	
CITY - ST - ZIP	4904 LL OOSTERHOUT, NETHRLDS	1.4 CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE BIE-HEBSACKER, RENATE H	2.2 NAME	
STREET ADDRESS	BURG VAN OERSLAAN 32	2.3 STREET ADDRESS	
CITY - ST - ZIP	4904 LL OOSTERHOUT, NETHRLDS	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE BIE, ANGELIQUE M	3.2 NAME	
STREET ADDRESS	BURG VAN OERSLAAN 32	3.3 STREET ADDRESS	
CITY - ST - ZIP	4904 LL OOSTERHOUT, NETHRLDS	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE BIE-BERKHOUT, CATHERINA W	4.2 NAME	
STREET ADDRESS	MOLIERELAAN 23	4.3 STREET ADDRESS	
CITY - ST - ZIP	UTRECHT, THE NETHERLANDS	4.4 CITY - ST - ZIP	
TITLE	DPT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE BIE, JAN W	5.2 NAME	
STREET ADDRESS	BURG VAN OERSLAAN 32	5.3 STREET ADDRESS	
CITY - ST - ZIP	4904 LL OOSTERHOUT, NETHRLDS	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 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.

SIGNATURE: *Jan W. De Bie* **Jan W. DE BIE, PRESIDENT 1-8-97 # 31162 428501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)