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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # **P95000093522 (7)** 

Corporation Name	ı	000000000000000000000000000000000000000	1,

EASTGATE MANAGEMENT, INC.  Purced Place of Between States Son Filippe STE 480 (NOSTON TN 7707)  Set SAN Filippe STE 480 (NOSTON TN 7707)  Set SAN Filippe STE 480 (NOSTON TN 7707)  2 Pirrogal Place of Business 2 2- Mainty Arabiess 3 4- EN National Place STE 480 (NOSTON TN 7707)  2 Pirrogal Place of Business 2 2- Mainty Arabiess 3 4- EN National Place STE 480 (NOSTON TN 7707)  2 Pirrogal Place of Business 3 2- Mainty Arabiess 3 4- EN National Place STE 480 (NOSTON TN 7707)  2 Pirrogal Place of Business 5 2- Mainty Arabiess 5 2- Mainty Arabies 6 2- Mainty Arabies	1. Corporation		` '						
Suffer Ask Place of Business   Suffer Advisors	EASTG	ATE MANAGEMENT, INC.							
Suffer Ask Place of Business   Suffer Advisors	-								
HOUSTON TX 77657   HOUSTON TX 77657   Size prospycated of Country   26   Manag Analysis   26   Manag Analysis   27   76   76   76   76   76   76   76	Principal Place	of Business	Mailing Address			I TORNIOTA RIO ROBINI DANNI DRINI B			
Propopul Place of Business   28. Mairry Adaless   5. Fit Vaniors   7.6-0.487.337   Not Applicable   12. Mairry Adaless   5. Centricate of Status Desired   \$8.75 Addisonal   Fee Required   \$8.75 Addisonal   \$8				550					
28						3. Date Incorporated or Qualified	3a. Date of Las	t Report	
20								•	
Subset Appl 4, etc.   Subset	· ·	ace of Business	<b>├</b> ──			4. FEI Number		Applied For	
27		H _4.				/0-048/33/		Not Applicable	
City & State   City & Country   2p   2p   3p   3p   Country   2p   3p   3p   3p   3p   3p   3p   3p	<del> </del>	#, etc.	<del></del>			5. Certificate of Status Desired	1 1		
28		· · · · · · · · · · · · · · · · · · ·				6 Election Campaign Financing			
25	23		<b>├</b> ─¬ '			1			
24	Zıp	Country	Zip	Country					
NRAI SERVICES INC.  \$28 E. PARK AVENUE TALLAHASSEE FL 32301-4  83  84 City  FL 85 Zp Code  11. Pursuant to the provisions of Sackins 607 (502 and 607 1508. Florida Statutes, the above mained opposition submits this statement for the purpose of congriging is registered office or registered agent, or both, in the State of Florida. Such change was authorized by the composition submits this statement for the purpose of congriging is registered office or registered agent, and accept the obligations of Sackins 607 (500. Florida Statutes).  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  10. EEEE  11. This PARK 13. THIS PARK 13. THIS PARK 13. THIS PARK 13. THIS PARK 14. T	24			30		Florida Statutes	No.		
NRAI SERVICES INC. \$26 E. PARK AVENUE TALLAHASSEE FI. 32301-4  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Floridal Statutes. The above manied corporation submits the statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607 0502 and 607 1508. Floridal Statutes. The above manied corporation submits the statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607 0505, Floridal Statutes. The corporation's board of destroys. The expression of the purpose of changing its registered office familiar with, and accept the obligations of, Section 607 0505, Floridal Statutes.  SIGNATURE  Signature funds funds funds familiar with Augustative funds for the purpose of changing its registered office familiar with appointment are registered office familiar with appointment are registered office familiar with a population and appointment are registered office familiar with a population and appointment are registered office familiar with a population and appointment are registered office familiar with a population and appointment are registered office familiar with a population and appointment are registered office familiar with a population and appointment are registered office familiar with a population and appointment are registered office familiar with a population and appointment are registered office familiar with a population and appointment are registered office familiar with a population and appointment are registered office familiar with a population and appointment are registered office familiar with a population and appointment are registered office familiar with a population and appointment are registered office familiar with a population and appointment are registered office familiar with a population and appointment are registered office familiar with a population and appointment are registered office familiar with a population and appointment are registered office familiar w	<b>-</b>	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	egistered Agent		
S26 E. PARK AVENUE TALLAHASSEE F1. 32301-4  87  88  89  City  FL  85  City  FL  86  City  FL  86  City  FL  86  City  FL  86  City  FL  87  City  FL  87  City  FL  88  City  FL  R  R  City  FL  R  FL  FL		DIRACEO INIC		81	Name				
TALLAHASSEE FL 323014				82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)		
Bat   City   FL   Bat   Zip Oode				83					
1. Pursuant to the provisions of Sections 607 0502 and 607 1506. Florida Statutes. The above mained corporation submits this statement for the purpose of changing its registered official such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent 1 am registered agent	",	10022 12 05001 4							
11. Pursuant to the provisions of Socious 607 (3002 and 607 1508. Florids Statutes. I've above named corporation submits the statement for the purpose of changing its registered official correlated dagment on fulfilling the State of Florids Such changed by the corporation's board of directors. I hereby accept the appointment as registered eight 1 am familiar with, and accept the obligations of. Socious 607 (505, Florids Statutes)  SIGNATURE  SIG				84	City		FI 85	Zip Code	
Comparation	11. Pursuant t	o the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	, the above n	anied corp	oration submits this statement for the pur	cons of chancing d	s registered office	
12.	Tor registeri	eo agerit, or both, in the State of Ho	⊂da. Suct⊢change was authorized	I by the corpo	ration's bo	pard of directors. I hereby accept the appo	pintment as régisfer	ed agent I am	
12.	SIGNATURE								
THE					signature requ				
NAME   12 NAME   13 STREET ADDRESS   13 STREET ADDRESS   14 CITY-ST-7P   17 NAME   13 STREET ADDRESS   14 CITY-ST-7P   17 NAME   17 NAME   17 NAME   18 NA	<del>                                     </del>	OFFICERS A							
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NAME STREET ADDRESS CITY - ST - ZIP  14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes I further		· · · · · · · · · · · · · · · · · · ·			- 21F				
STREET ADDRESS CITY - ST - ZIP  14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes Liferithan 1.00 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			☐ DELETE			00000178	}4480°	e 🔲 Addition	
63 SIREET ADDRESS ***200.00  CITY-ST-ZIP  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)(i). Florida Statutes I further						-04/17/96010	34015	117-01	
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   fourther				•		***200.08	Ĺ	17 5	
		certify that the information supplied	with this fling is voluntarily furnish	■ 64 CITY - \$T ned and does	not oualify			tutes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96

(713)782-9100