May 10, 1999 8:00 am Secretary of State

05-10-1999 90023 033 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 425030 1. Corporation Name

EA ENTERPRISES, INC.

Principal Place of Business Mailing Address					1 188114 83818 (1991 \$1111 88188 141	ar mitte fillet firmer migt, gift.	i didit Alfiliani
ETHAN ALLEN DR. DANBURY CT 06811		ETHAN ALLEN DR. ATTN: TAX DEPT DANBURY CT 06811		DO NOT WRITE IN THIS SPACE			
		US			 Date Incorporated or Qualified 05/04/1973 		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26		06-0897848	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	1 1 7	\$8.75 Additional Fee Required	
City & State	е	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip Country Zip			Country		8. This corporation owes the curre	ent year Intangible	
24	25 29 30			Personal Property Tax. Yes No			
	9. Name and Address of Curren	nt Registered Agent	ered Agent		10. Name and Address of New Registered Agent		
			81	Name			
_	PRENTICE-HALL CORPORATION HAYS STREET	N SYSTEM INC.	82	Street Add	lress (P.O. Box Number is Not Accepta	ble)	
	'E 105 .AHASSEE FL 32301		83				
IALL	ANAGGE PL 32301		84	City		FL 85 Zip	Code
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth tions of, Section 607.0505, Florida	orized by Statutes	the corporati	poration submits this statement for the join's board of directors. I hereby accep	t the appointment as i	registered
40	Signature, typed or printed name of registered age	nt and little if applicable. (NOTE: Re	gistered Agei	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF		ORS IN 12
12.	PTD	DELETE	1,1 TITLE		ADDITIONA/OTIVITOEO TO OTT	☐ Change	
TITLE	KATHWARI, M. FAROOQ	_ 5222.2	1.2 NAME			•	
NAME	151 ELK AVENUE			T ADDRESS			
STREET ADDRESS	NEW ROCHELLE NY		1.4 CITY-S				
CITY-ST-ZIP	S	☐ DELETE	2.1 TITLE	1-21-		☐ Change	e Addition
NAME	FARFAGLIA, CHARLES		2.2 NAME				
STREET ADDRESS	ETHAN ALLEN DR			T ADDRESS			ļ
CITY-ST-ZIP	_DANBARY_CT		. 2.4 CITY-S		رحموان والمحوان		
TITLE		☐ DELETE	3.1 TITLE			Change	e
NAME			3.2 NAME	- 1			ļ
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE 4.1				☐ Change	e 🗋 Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	e
NAME			5.2 NAME				
STREET ADDRESS			53 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	e CAddition
NAME			6.2 NAME				ļ
STREET ADDRESS			6.3 STREE	T ADDRESS			

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #