

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90037 033 ***150.00

DOCUMENT # 450648

1. Corporation Name
EASTERN AUTOTRONICS, INC.



Principal Place of Business
6555 POWERLINE ROAD, SUITE 401
FT. LAUDERDALE FL 33309

Mailing Address
6555 POWERLINE ROAD, SUITE 401
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1974

4. FEI Number

59-1529277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOLTON, J. L.
6555 POWERLINE ROAD, SUITE 401
FT. LAUDERDALE FL 33309

81 Name

HARRIS, J. JAY

82 Street Address (P.O. Box Number is Not Acceptable)

6555 POWERLINE RD, SUITE 401

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33309

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 P
NAME HARRIS, J. JAY
STREET ADDRESS 21578 ST ANDREWS GRAND CR
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE P
1.2 NAME HARRIS, J. JAY
1.3 STREET ADDRESS 5901 BARTRAM ST.
1.4 CITY-ST-ZIP BOCA RATON FL 33433

TITLE V
NAME CRAIG, WALTER J.
STREET ADDRESS 5991 NE 18TH TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ST
NAME BOLTON, J. L.
STREET ADDRESS 2656 NW 27TH TERRACE
CITY-ST-ZIP BOCA RATON FL

3.1 TITLE ST
3.2 NAME BOLTON, J. L.
3.3 STREET ADDRESS 1073 WHITEHART COURT
3.4 CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED
PRESIDENT

2/16/99

954 491-3500

CR2034 (11/98)