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Apr 14 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 # 560637

1. Corporation Name
MARK EASTMAN AGENCY, INC.

Principal Place of Business
5140 MACDONALD AVE. #404
MONTREAL, QUEBEC H3X 3Z1
CANADA

Mailing Address
1858 RINGLING BLVD
SARASOTA, FL 34236

3. Date Incorporated or Qualified: 01/01/77
3a. Date of Last Report: 2/27/96

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1803173 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MARK EASTMAN
~~5140 MACDONALD AVE. #404~~
~~MONTREAL, QUEBEC H3X 3Z1~~
~~CANADA~~

10. Name and Address of New Registered Agent

81 Name: Mark Eastman
82 Street Address (P.O. Box Number is Not Acceptable): 1858 Ringling Blvd
83
84 City: Sarasota FL 85 Zip Code: 34236

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 _____ DATE _____
(Type or print name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	MARK EASTMAN	1.2 NAME	
STREET ADDRESS	5140 MACDONALD AVE. #404	1.3 STREET ADDRESS	5140 MACDONALD AVE # 404
CITY-ST-ZIP	MONTREAL, QUEBEC H3X 3Z1 CANADA	1.4 CITY-ST-ZIP	MONTREAL, QUEBEC H3X 3Z1 CANADA
TITLE	S,T ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	JUDY EASTMAN	2.2 NAME	
STREET ADDRESS	5140 MACDONALD AVE. #404	2.3 STREET ADDRESS	5140 MACDONALD AVE. #404
CITY-ST-ZIP	MONTREAL, QUEBEC H3X 3Z1 CANADA	2.4 CITY-ST-ZIP	MONTREAL, QUEBEC H3X 3Z1 CANADA
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CR2E034 (9/96)

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.

SIGNATURE: Mark Eastman - Judy EASTMAN - SEC-TREAS. - FEB. 25 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
941-365-4617