

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

FILED  
Mar 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 653119 (8)  
1. Corporation Name  
THE EASTON CORPORATION

Principal Place of Business 311 PARK PLACE BLVD. SUITE 225 CLEARWATER FL 34619	Mailing Address 311 PARK PLACE BLVD. SUITE 225 CLEARWATER FL 34619
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/23/1980	
21	Suite, Apt. #, etc.	26	13160 110th Ave N.	4. FEI Number 59-1954733	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Largo, Florida	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	33774	30	Country
25		29		30	

9. Name and Address of Current Registered Agent LOMBARDI, RITA A 311 PARK PLACE BLVD SUITE 225 CLEARWATER FL 34619				10. Name and Address of New Registered Agent	
81	Name	Rita A. Lombardi			
82	Street Address (P.O. Box Number is Not Acceptable)	13642 Serena Drive			
83					
84	City	Largo	FL	85	Zip Code 33774

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 3/3/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE		1.1 TITLE	V.P. & Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIAZZA, ROSEMARY E			1.2 NAME	Piazza, Rosemary E.		
STREET ADDRESS	311 PARK PLACE BLVD #225			1.3 STREET ADDRESS	13160 110th Ave. N.		
CITY-ST-ZIP	CLEARWATER FL			1.4 CITY-ST-ZIP	Largo, FL 33774		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOMBARDI, RITA A			2.2 NAME	Lombardi, Rita A.		
STREET ADDRESS	311 PARK PLACE BLVD #225			2.3 STREET ADDRESS	13642 Serena Drive		
CITY-ST-ZIP	CLEARWATER FL			2.4 CITY-ST-ZIP	Largo, FL 33774		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIAZZA, JR. J			3.2 NAME			
STREET ADDRESS	311 PARK PLACE BLVD SUITE 225			3.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			3.4 CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIAZZA, STEPHEN A.			4.2 NAME			
STREET ADDRESS	311 PARK PLACE BLVD SUITE 225			4.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			4.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		5.1 TITLE	P & Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIAZZA, JOHN J. SR.			5.2 NAME	Piazza, John J. Sr.		
STREET ADDRESS	311 PARK PLACE BLVD. STE 225			5.3 STREET ADDRESS	13160 110th Ave. N.		
CITY-ST-ZIP	CLEARWATER FL			5.4 CITY-ST-ZIP	Largo, FL 33774		
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 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:  DATE 3/3/98 (813) 725-8089  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (10/97)