**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 821918
1. Corporation Name

EASTERN FEDERAL CORPORATION

Principal Place	of Business	Mailing Address			(			
901 E. BLVD		901 E. BLVD.						
CHARLOTTE NC 28203-5205		CHARLOTTE NC 28203-5205 US		DO NOT WRITE IN THIS SPACE				
US		US			3. Date Ir corporated or C	<u> </u>		
					10/07/1968			
2. Principa Pla	ace of Business	2a. Mailing Address	_ <del></del>		4. FEI Number		App	lied For
21		26		56-0905050		Not	Applicable	
Suite, Axt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status De	sired	\$8.75 A		
22		27		5. Certificate of Status Bo		Fee Rec		
City & State		City & State		6. Election Campaign Fin		\$5.00		
23		28		Trust Fund Contribution Added to Fees				
Zip Cour try		Zip Country		8. This corporation owes	-		□No	
24	25	29	30		Persor al Property Tax.  10. Name and Address o			2140
	9. Name and Address of Curr	eni Registered Agent	81	Name	10. Italiic and Address o	, man magnitude	<u> </u>	
CT C	CORPORATION SYSTEM							
12:00 S. PINE ISLAND ROAD			82	Street A	Address (P.O. Bo) Number is Not	Acceptable)		
	NTATION FL 33324		83					
			84	City		F	85 Zip C	ode
office or re	to the provisions of S actions 607.0 egistered agent, or bc th, in the Stam familiar with, and a scept the obli	te of Florida. Such change was	authorized by	the corpo	corporation submits this statement ration's board of directors. I hereb	by accept the app	of changing its pointment as reg	egistered istered
SIGNATURE.	<del></del>							
	Signature, typed or printed n. me of registered a	<del></del>		nt signature re	q ired when reinstating.	DATE	NID DIDECTO	30.01.40
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.C7(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementa annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that am an office or director of the corporation or the receiver or trustee empowered it 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:

CITY-ST-ZIP

THE AND TYPED DIE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR