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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F53136

(0)

EASTLAKE CORPORATION

FILED	
May 06 1998 8:00am	ì
Secretary of State	



Principal Place						1 1831 I BRO 16 BRAIL		
•	of Business	Mailing Address					(0.01, 010, 0	
531 FERNSHIP	RE DR	531 FERNSHIRE DR						
PO BOX 2081 PALM HARBOR FL 34682-9081 US		PO BOX 2081			DO NOT WRI	ITE IN THIS	SPACE	
		PALM HARBOR FL 3468 US	2-9061		3. Date Incorporated or Qualified		OI HOL	
US		00			11/09/1981	·		
2. Principal Pi	ace of Business	2a. Mailing Address	 · · · ·		4. FEI Number		1 7	Applied For
21		26			59-2194905			ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						Additional
22		27			Certificate of Status Desired			Required
City & State	3	City & State			8. Election Campaign Financing	 1	\$5.0	May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	1	8. This corporation owes or has	paid the cu	rrent year l	ntangible
24	25	29	30		Personal Property Tax due Ju	ine 30.	Yes	□ No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New	Registered	Agent	
CO	RNISH, JOHN		81	Name				
	FERNSHIRE DR		82	Stroot Add	fress (P.O. Box Number is Not Accep	table)		
	M HARBOR FL 34683		02	Sileet Add	iless (I .O. Dox Hairiber is Hot Accop	lubioy		
174	LIM I BY ADOTT I L 0 1000		83					
			84	City		FL	85 Ziş	Code
11. Pursuant i	to the provisions of Sections 607.050	02 and 607.1508. Florida Statu	ites, the above	e-named corr	poration submits this statement for th		of changing	its registered
	egistered egent or both in the State	of Florida, Such change was	authorized by	the enemore	ation's board of directors. I hereby ac-	cept the app	pointment a	is registered
office or r	ograforda again, or poin, in the orace	ALANA AL CANTON COZ OFOE E	lorido Ctotutor	virie corpora				
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statutes	s.				
SIGNATURE						DATE		
SIGNATURE	Signature, typed or printed name of registered ag-	ent and little if applicable (NO	TE Registered Age		ured when reinstating)	DATE		
SIGNATURE	Signature, typed or profied name of registered as OFFICERS AN					DATE		DRS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered as OFFICERS AN	ent and life if applicable (NO ID DIRECTORS	TE Registered Age		ured when reinstating)	DATE	D DIRECTO	DRS IN 12
SIGNATURE 12. IITLE NAME	Signature, typed or priviled name of registered as OFFICERS AN PO CORNISH, JOHN	ent and life if applicable (NO ID DIRECTORS	13. 1.1 TITLE 1.2 NAME	ent signature requ	ured when reinstating)	DATE	D DIRECTO	DRS IN 12
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SIGNATURE 12. 11TLE MAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or provied name of registered as OFFICERS AN PO CORNISH, JOHN 531 FERNSHIRE DR PALM HARBOR FL 34683	ent and life if applicable (NO ID DIRECTORS	13. 1.1 TITLE 1.2 NAME	ent signature requi	ured when reinstating)	DATE	D DIRECTO	DRS IN 12
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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.