

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

FILED

Mar 12 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # F94000002835 (6)

1. Corporation Name
EASTGATE PUBLISHING, INC.

Principal Place of Business

P.O. BOX 3332
TEQUEST FL 33469-3332

Mailing Address

P.O. BOX 3332
TEQUEST FL 33469-3332

2. Principal Place of Business	2a. Mailing Address
21 6550 SE Federal Hwy	26 Suite, Apt. #, etc.
22 Suite, Apt. #, etc.	27 City & State
23 Stuart FL	28 City & State
24 34997	29 Zip
25 Martin	30 Country

3. Date Incorporated or Qualified	05/31/1994
4. FEI Number	58-2040973
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOX RD.
TALLAHASSEE FL 32303-6643

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ITTER SR, ROBERT	1.2 NAME	
STREET ADDRESS	41 WILLOW ROAD	1.3 STREET ADDRESS	9015 SE Athena St.
CITY-ST-ZIP	TEQUESTA FL	1.4 CITY-ST-ZIP	Hobe Sound FL 33455
TITLE	VDI	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ITTER, ELAINE	2.2 NAME	
STREET ADDRESS	41 WILLOW ROAD	2.3 STREET ADDRESS	SAME AS ABOVE
CITY-ST-ZIP	TEQUESTA FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ITTER JR, ROBERT	3.2 NAME	
STREET ADDRESS	41 WILLOW ROAD	3.3 STREET ADDRESS	SAME AS ABOVE
CITY-ST-ZIP	TEQUESTA FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTER, KELLY	4.2 NAME	
STREET ADDRESS	596 CANAAN LAND ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	HARRDSBURG KY	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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

E. Elaine Ritter

3/6/98

561 381-2001

CR2E034 (10/97)