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 # F9600000384 (5)

FILED Apr 22 1998 8:00am Secretary of State

| EAST (| COAST INDUSTRIES, INC. | | | | |
|---|---|---|---|--|---|
| Principal Plac | ce of Business | Mailing Address | | | ATTE MALLA DITAS COSTE DIAS CONT. |
| 9323 4TH ST. 9323 4TH ST. LANHAM MD 20706 LANHAM MD 20706 | | | | DO NOT WRITE IN THI | e edace |
| | | | | 3. Date Incorporated or Qualified | S SPACE |
| | | | | 01/23/1996 | |
| 2. Principal F | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26] | | 52-1438153 | Not Applicable |
| Suite, Apt #, etc | | Suite, Apt #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| Zip | Country | [28] Z _(P) | Country | Trust Fund Contribution | Added to Fees |
| 24 | 25] | <u> </u> | 30 | 8. This corporation owes or has paid the of Personal Property Tax due June 30. | Current year Intangible Yes No |
| | 9. Name and Address of Curr | rent Registered Agent | | 10. Name and Address of New Registere | |
| | T CORPORATION SYSTEM | | 81 Namo | | |
| 1200 SOUTH PINE ISLAND ROAD | | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) | <u> </u> |
| PLANTATION FL 33324 | | | | (i.e. box (talled to the recopidate) | |
| | | | 83 | | |
| ļ | | | B4 City | | 85 Zip Code |
| 11 0 000 | to the managing of Casting CO7 0 | 100 1007 4500 51-14-001 | | F | |
| office or r | to the provisions or Sections 607.0 registered agent, or both, in the Sta | isuz and 607.1508, Florida Statuto ite of Florida. Such change was a | is, the above-named corp uthorized by the corporat | oration submits this statement for the purpose ion's board of directors. I hereby accept the a | of changing its registered poolntment as registered |
| agent. Fa | im familiar with, and accept the obl | ligations of, Section 607.0505, Flo | rida Statutes. | , , , , , , , | |
| SIGNATURE | Signature, typed or profest name of registered a | Bruss Brad title if Arminisable (RICTE | . Registered Agent signature requir | ed when reinstating) DATE | |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS IN 12 |
| TITLE | P | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MEYER, CAROLE K | | 1.2 NAME | | |
| STREET ADDRESS | 9323 4TH ST. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LANHAM MD 20706 | <u></u> | 14 CITY-ST-ZIP | | |
| THLE | ST NEVED JOHN H | ☐ DELETE | 21 THLE | | Change Addition |
| NAME | MEYER, JOHN H 9323 4TH ST. | | 2 2 NAME | | |
| STHEET ADDRESS | LANHAM MD 20706 | | 2 3 STHEET ADDRESS | | |
| CITY-ST-7IP | DANIEM ND 20100 | Dructe | 2 4 CITY - ST - ZIP | | |
| NAME | | L_I DELETE | 31 TITLE | | Change Addition |
| STREET ADDRESS | | | 3.2 NAME 3.3 STREET ADDRESS | | |
| CITY - S1 - 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 | | Ì |
| STREET ADDRESS | | | 5.3 STHEET ADDRESS | | - |
| CITY-ST-ZIF | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6 3 STREET ADDRESS | | |
| CITY-S1-ZIP | bad one control of that withou | with the filing done not qualify for | 6 4 CITY-ST-ZIP | Section 119 07/9Vi) Florida Statutos I further | costific that the information |

14. Thereby cortify that the information supplied with this filling 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 suppliencental 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 supplied to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: (asale K)

4/16/98 397

ny name appears in 301 – 577-5913