

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

FILED

Apr 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G45285**

(5)

1. Corporation Name  
**EASTERN ELEVATOR COMPANY**



Principal Place of Business

**7481 NW 66 STREET  
MIAMI FL 33166**

Mailing Address

**7481 NW 66 STREET  
MIAMI FL 33166-2801**

3. Date Incorporated or Qualified

**06/03/1983**

3a. Date of Last Report

**02/12/1996**

4. FEI Number

**59-2647806**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**MATUSON, STEVEN G.  
7481 NW 66TH STREET  
MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name

**Michael P. Pace**

82 Street Address (P.O. Box Number is Not Acceptable)

**7481 NW 66th Street**

83

84 City

**Miami**

**FL**

85 Zip Code  
**33166**

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]*  
Signature, typed or printed name of registered agent and, if applicable,

**Michael P. Pace**

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-14-97**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>BAILEY, STEPHEN M</b>	
STREET ADDRESS	<b>7481 NW 66 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	<b>BAILEY, GARY S</b>	
STREET ADDRESS	<b>7481 NW 66 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Bailey, Stephen M</b>	
1.3 STREET ADDRESS	<b>4500 PGA Boulevard Suite 200</b>	
1.4 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33418</b>	
2.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Bailey, Gary S</b>	
2.3 STREET ADDRESS	<b>4500 PGA Boulevard Suite 200</b>	
2.4 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33418</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Stephen M. Bailey**  
3/27/97

**(305) 592-7722**

CR2E034 (9/96)