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 # G70769
1. Corporation Name
EAST STUART INVESTMENTS, INC.

(6)

FILED May 05 1998 8:00am Secretary of State



					_ 100 00 00 00 00		
Principal Place 432 MLK BLVI STUART FL 34	0	PO BOX 598	432 MARTIN LUTHER KING BLVD PO BOX 598				
US STUART FL			FL 34995		DO NOT WRITE IN THIS SPACE		
					 Date Incorporated or Qualified 11/21/1983 		
	sce of Business SAME	2a. Mailing Address	SAM	Z	4. FEI Number NOT APPLICABLE	Applied For Not Applicab	
Suite, Apt.		Suite, Apt. #, etc.		<u></u>		\$8.75 Additional	
27					5. Certificate of Status Desired	Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zıp	Counti	У	8. This corporation owes or has paid the		
24	25 9. Name and Address of C	29	30		Personal Property Tax due June 30. 10. Name and Address of New Register 10. Personal Property Tax due June 30.	Yes No	
90	OTT, FAY	ntrain vadistalen wähin	8.	1 Name	A // / A /	ou Agont	
	B E LAKE ST				HII SAMY		
STUART FL 34994			8:	Street Addr	ress (P.O. Box Number is Not Acceptable)		
			8:	3			
			84	1 City		85 Zip Code	
	·					-L 83 Zip code	
office or re agent. I a	egistered agent, or both, in the manifer with accept they	7,0502 and 607 1508, Florida Statu State of Florida Such change was obligations of, Section 607,0505, F	tes, the abor authorized t lorida Statuti	ve-named corporal by the corporal as.	poration submits this statement for the purposition's board of directors. Thereby accept the	appointment as registered	
SIGNATURE	Signature, typed or peritod name of registe		11: Registered A	gent signature recuir	red when reinstating) DA	ſĔ	
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	DP	☐ DELETE	1.1 TITLE			Change Additi	
NAME	MCHARDY, ALVIN C		1.2 NAME	I			
STREET ADDRESS	DODT CALEDNO EL		1.3 STREET ADDRESS				
CITY-ST-ZIP	DV DV	DELETE	1.4 CITY			Change Additi	
TITLE	SAMPSON, WILLIE	Derete	2.1 TITLE			C Cuantic C Month	
NAME	712 BAYOU AVE		2.2 NAME	ET ADDRESS			
STREET ADDRESS	STUART FL		2.3 SINE				
CITY-ST-ZIP TITLE	TOT	DELETE	3.1 TiTLE			Change Additi	
NAME	SCOTT, FAY		3.2 NAME				
STREET ADDRESS	906 E LAKE ST			ET ADDRESS			
CITY-ST-ZIP	STUART FL		3.4. CITY	-ST-21P			
TITLE		DELETE	4.1 1ITLE			Change Additi	
NAME			4 2 NAM	E			
STREET ADDRESS			4.3 STRE	et address			
CITY-ST-ZIP			4.4 CITY	·ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Additi	
NAME			5.2 NAMI				
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP		T No Fee	5.4 CITY			Change Additi	
TITLE		☐ DELETE	6.1 TITLE	1		Change Additi	
NAME			6.2 NAMI				
STREET ADDRESS			. I	ET 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 changes, or on an attrochment with an address.