

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 24 1996 8:00 am
Secretary of State

DOCUMENT # **H40438** (4)
1. Corporation Name
EASTERN AMERICAN TECHNOLOGIES CORPORATION



Principal Place of Business
**720 MULLET RD
CAPE CANAVERAL FL 32920**

Mailing Address
**720 MULLET RD
CAPE CANAVERAL FL 32920**

3. Date Incorporated or Qualified **01/23/1985** 3a. Date of Last Report **01/20/1995**
4. FEI Number **59-2876571** 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 State Apt. #, etc.
22 City & State
23 Zip Country
24
25
2a. Mailing Address
26 State Apt. #, etc.
27 City & State
28 Zip Country
29
30

9. Name and Address of Current Registered Agent

**HAPPEL, HENRY
720 MULLET RD
CAPE CANAVERAL FL 32920**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0612 and 607.1506, 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 607.0615, Florida Statutes.

SIGNATURE

Signature of Registered Agent or New Registered Agent

Signature of Registered Agent or New Registered Agent

DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE ☐ DELETE
NAME **PTS**
Street Address **HAPPEL, HENRY**
City, State, Zip **720 MULLET RD**
1.2 TITLE ☐ DELETE
NAME
Street Address
City, State, Zip
1.3 TITLE ☐ DELETE
NAME
Street Address
City, State, Zip
1.4 TITLE ☐ DELETE
NAME
Street Address
City, State, Zip
1.5 TITLE ☐ DELETE
NAME
Street Address
City, State, Zip
1.6 TITLE ☐ DELETE
NAME
Street Address
City, State, Zip

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, STATE, ZIP ☐ Change ☐ Addition
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, STATE, ZIP ☐ Change ☐ Addition
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, STATE, ZIP ☐ Change ☐ Addition
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, STATE, ZIP ☐ Change ☐ Addition
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, STATE, ZIP ☐ Change ☐ Addition
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, STATE, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished, and does not qualify for the exemption stated in Section 119.07(3)(k), 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 to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96

Date

Digitized by: [illegible]

CR2E034 (12/95)