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

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H45746 1. Corporation Name

EAST OCEAN DISTRIBUTORS, INC.

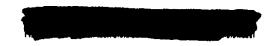
1091 SW 42ND AVENUE PLANTATION FL 33317		1091 SW 42ND AVENUE PLANTATION FL 33317				
2. Principal Pla	ice of Business	2a. Mailing Address	٠			
Suite, Apt. #, etc.		26 Suite, Apt #, etc. 27				
City & State		City & State				
Z(p 24	Country 25	21p Country [30]				
	9. Name and Address of Co	urrent Registered Agent				

Mailing Address

GATTO, DONNA J. 1091 SW 42ND AVENUE **PLANTATION FL 33317**

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99 MAY 24 PHT	2: 1	9

SECRETARY OF STATE TALLARMICETE, FLORIDA



	DO NOT	WRITE	IN	THIS	SF	ACE
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3. Date Incorporated or Qualifed 03/06/1985			
4, FEI Number 59-25 13363			Applied Fo
5. Certificate of Status Desired	[]		Additiona Required
6. Election Campaign Financing Trust Fund Contribution	[]	•	0 May Be d to Fees
This corporation owes the curre Personal Property Tax	ent year l	Intang ble [Yes	LlNo

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

600002895546

84 City -08/04/93-01037zp804

****150.00 ****150.00

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. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

81 Name

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83

SIGNATURE	Signature typed or printed name of registered agent and title if appli	cable /NOTE R	legisteze.t Agrint signal ize r	and the Suchan Cotton desired	DATE	ĺ
12.	OFFICERS AND DIRECTO	and the second second second	13.	ADDITIONS/CHANGES TO OFF		
TITLE	STD	[_] DELETE	1.1 T/TVE	· ·	[] Change [] Addition	ion
NAME	GATTO, DONNA J.		1.2 NAME			
STREET ADDRESS	1091 SW 42ND AVENUE		1.3 STREET ADDRESS			j
C/TY-ST-ZIP	PLANTATION FL		14 CITY-ST-ZIP			j
TITLE	D	DELETE	21 TrILE		[] hange [] Addition	ion 🏻
NAME	GATTO, FRANK		2.2 NAME			ļ
STREET ADDRESS	1091 SW 42ND AVENUE		23 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL		2 4 CITY-ST-ZIP			
TITLE		□] DELETE	3 1 TITLE		[] Change	on
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NAME			52 NAME			ı
STREET ADDRESS			53 STREET ADDRESS	•		
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		[] DELETE	6 1 TITL€		[] Crange [] Addibo	on
NAME			6.2 NAME			Į
STREET ADDRESS			63 STREET ADDRESS			

64 CHY-ST-ZIP OTY-ST-ZIP 14. Thereby 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 infortundicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am a 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 the address, with all other like empowered.

SIGNATURE: