


FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90067 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # J95948
 1. Corporation Name
EAST ALDEN EQUIPMENT, INC.



Principal Place of Business 11909 S ORANGE BLOSSOM TRAIL ORLANDO FL 32837-9252	Mailing Address 11909 S ORANGE BLOSSOM TRAIL ORLANDO FL 32837-9252
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2848266	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired 23	\$8.75 Additional Fee Required
City & State 24	City & State 28	6. Election Campaign Financing Trust Fund Contribution 25	\$5.00 May Be Added to Fees
Zip 26	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. Yes <input type="checkbox"/> No <input type="checkbox"/>

3. Date Incorporated or Qualified
10/02/1987

9. Name and Address of Current Registered Agent
CLARKSON, RICHARD
5882 MARLBERRY DR
ORLANDO FL 32819

10. Name and Address of New Registered Agent
 81 Name **CLARKSON RICHARD**
 82 Street Address (P.O. Box Number is Not Acceptable)
7657 SAN REMO PL.
 83
 84 City **ORLANDO** FL 85 Zip Code **32835**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARKSON, RICHARD 5882 MARLBERRY DR ORLANDO FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	7657 San Remo Pl Orlando FL - 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKSON, RICHARD 5882 MARLBERRY DR ORLANDO FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	CLARKSON JOANNE ST. 7657 SAN REMO PL ORLANDO FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED R.L. Clarkson 4/18/99 4072990783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #

CR2E24 (1/08)