


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
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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		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 7657 San Remo Pl		10/02/1987	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 Orlando FL		59-2848266	
24 Country		29 32835		5. Certificate of Status Desired	
		30 USA		<input type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/> Trust Fund Contribution	
				8. This corporation owes the current year Intangible	
				<input type="checkbox"/> Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.L. Clarkson 4/18/99 407-299-0783

Date

Daytime Phone #