

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K61208

1. Corporation Name

E.A.T. Inc.
133 Pompano Bch #901
Pompano Bch, FL 33062-5132

Principal Place of Business

Mailing Address

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUL 22 PM 2:40

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/26/1989		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 650108853		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

Edwards, George E.
950 N. Federal Hwy #109
Pompano Bch, FL 33062

10. Name and Address of New Registered Agent

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

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's signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
NAME	STREET ADDRESS	13 STREET ADDRESS	14 CITY-ST-ZIP
CITY-ST-ZIP		21 TITLE	22 NAME
		23 STREET ADDRESS	24 CITY-ST-ZIP
TITLE	NAME	31 TITLE	32 NAME
NAME	STREET ADDRESS	33 STREET ADDRESS	34 CITY-ST-ZIP
CITY-ST-ZIP		41 TITLE	42 NAME
		43 STREET ADDRESS	44 CITY-ST-ZIP
TITLE	NAME	51 TITLE	52 NAME
NAME	STREET ADDRESS	53 STREET ADDRESS	54 CITY-ST-ZIP
CITY-ST-ZIP		61 TITLE	62 NAME
		63 STREET ADDRESS	64 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Elizabeth O.D. Johnson

May (954) 783-0887

CR2E034 (9/96)