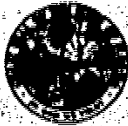


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 8:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L57377 (8)

1. Corporation Name
WEST EATON CORP.

Principal Place of Business
**C/O L. FRANK CHOPIN
440 ROYAL PALM WAY #300
PALM BEACH FL 33480-4179**

Mailing Address
**C/O L. FRANK CHOPIN
440 ROYAL PALM WAY #300
PALM BEACH FL 33480-4179**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/12/1990** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

4. FEI Number **65-0189023** Applied For
☐ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

23 Zip

28 Zip

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$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 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CHOPIN, L. FRANK
C/O CADWALADER, WICKERSHAM & TAFT
440 ROYAL PALM WAY #300
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
Chopin, Miller, & Yudenfreund
83 **440 Royal Palm Way, Suite 200**
84 City **FL** **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 signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	CHOPIN, L. FRANK
STREET ADDRESS	440 ROYAL PALM WAY
CITY - ST - ZIP	PALM BEACH FL
TITLE	PD
NAME	FORD, KATHLEEN
STREET ADDRESS	440 ROYAL PALM WAY
CITY - ST - ZIP	PALM BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	440 Royal Palm Way, Suite 200
1.4 CITY - ST - ZIP	Palm Beach, FL 33480
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 included in 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, as changed, or on an attachment with an address.

SIGNATURE:

L. Frank Chopin

(407) 655-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #