

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M48538** (6)

1. Corporation Name  
**301 10TH ST. ASSOCIATES, INC.**



Principal Place of Business  
**P O BOX 9818  
RIVIERA BCH FL 33419**

Mailing Address  
**P O BOX 9818  
RIVIERA BCH FL 33419**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**EAKINS, DOUGLAS S  
300 WEST TENTH STREET  
RIVIERA BEACH FL 33404**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified  
**03/17/1987**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**59-2792732**

Applied For  
Not Applicable

5. Certificate of Status Direct

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

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

*Douglas S. Eakins*

**DOUGLAS S. EAKINS, PRESIDENT**

**4-24-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EAKINS, DOUGLAS S.	
STREET ADDRESS	300 W. 10TH STREET	
CITY - ST - ZIP	RIVIERA BCH. FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	EAKINS, SANDI F.	
STREET ADDRESS	300 W. 10TH STREET	
CITY - ST - ZIP	RIVIERA BCH. FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CLEARY, JOHN P.	
STREET ADDRESS	300 W. 10TH STREET	
CITY - ST - ZIP	RIVIERA BCH. FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CLEARY, TIMOTHY P.	
STREET ADDRESS	300 W. 10TH STREET	
CITY - ST - ZIP	RIVIERA BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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. One or more attachments may be attached.

SIGNATURE: *Sandi F. Eakins* AS TREASURER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SANDI F. EAKINS**

**4-24-96 (407) 842-0001**

CR2E084 (12/95)