	NOW: FILING FEE	AFTER MA	/ 1 IS \$2	225.	00	·			
CORF ANNU	PROFIT RPORATION JAL REPORT 1996 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS								
DOCUN 1. Corporation		79	(6)						
EAST-V	vest partners, inc.					I INDIANALIA IA TEKIN INGILA AKAN AKAN AKAN AKAN AKAN AKAN AKAN AK		 	
Principal Place	of Business	Mailing Address			Ara-18-Au-1				
2865 CHELSEA PLACE NORTH CLEARWATER FL 34619 US 2865 CHELSEA PLACE NORTH CLEARWATER FL 34619 US US				Н					
						 Date Incorporated or Qualified 09/21/1988 	3a. D	ate of Last R 05/01/19	•
2. Principal Pla	ce of Business	2a. Mailing Addr	ess			4. FEI Number	J		Applied For
21		26				65-0086061			Not Applicable
Suite, Apt. # 22	, etc.	Suite, Apt. #	etc.			5. Certificate of Status Desired		•	Additional Required
City & State		City & State				6. Election Campaign Financing			0 Мау Ве
Zip	Country	Zφ		Country		Trust Fund Contribution 8. This corporation has liability for	r intangible	e tax under s	d to Fees 199.032,
24	25 9. Name and Address of Curre	29 ent Registered Agent	30			Florida Statutes Ye 10. Name and Address of New	Boolstore		
4				81	Name			u ngom	
FISHER,	BARB			82	Stroot Ad	oress (P.O. Box Number is Not Accepta			
DISCOVI	ERY CABLE TV				Street Aut	gress (F.O. Dox Number is Not Accept	1016)		
	1 NORTH			83					
"MIMS FL	. 32796			84	City		F	85 Zı	p Code
11. Pursuant to or registere familiar with	the provisions of Sections 607.05(d agent, or both, in the State of Fic a, and accept the obligations of, Se	02 and 607,1508, Florid orida: Such change was otion 607,0505, Florida:	a Statutes, the a authorized by ti Statutes.	above-na ne corpo	ration's bo	oration submits this statement for the p and of directors. Thereby accept the ap	urpose of o	changing its r as registered	egistered office agent. I am
SIGNATURE	daneture, typed or printed name of registered agr	and the second second second				·			
12.		ND DIRECTORS		3.	Signature requi	red when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS A		IRS IN 12
TITLE	DP	[] DEL		1 TITLE	·	1,00110100111100101001001		Charige	Addition
Name	HREN, CHIEN-YING JERES		1.	2 NAME					
STREET ADDRESS	2865 CHELSEA PLACE NO	ORTH	1.	3 STREET A	,DDR&SS				
CHY-ST-ZIP	CLEARWATER FL 34619	F" DEL		4 CITY - ST	· ZIP				Para
TITLE NAME		[] DELI	•	1 TITLE				☐ Change	Addition
STREET ADDRESS				2 NAME 3 STREET A	.hpp.cee				
CITY-ST-ZIP			•	4 CITY-ST					
TITLE		DELI		1 TILLE				☐ Change	☐ Addition
NAME				2 NAME				_ ,	
STREET ADDRESS			3	3. STREEL	ADDRESS				
CITY-ST-ZIP				4 CITY - ST	- 216				
TITLE		[] Dēli	TE 4	1 TITLE				☐ Change	Addition
NAME				2 NAME					
STREET ADDRESS				3 STREEL A					
CITY-ST-ZIP TITLE		☐ DELI	3.6	4 CHY-ST- 1 TILLE	-7(P			- El-Change	Addition
NAME		المال المال		2 NAME		0000018 -05/24/9601	384	₽₽™	T MODITION
STREET ADDRESS				3 STREET A	DORESS	-05/24/9601 ***200.00	U38**	U ८ 4	

6 4 CITY-S1-2IP

14. 10 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, or on an attachment with in address.

SIGNATURE:

SIGNATURE:

Doing Proce #

Describe Proce #

5 4 CITY - S1 - ZIP

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

6. 1 TITLE

62 NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

2. 21

DELETE

☐ Change

Addition