

FILED

Jun 04 1998 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P34747

(6)

Corporation Name

ESCHATON ASSOCIATION, INC.

Principal Place of Business

1415 PETRONIA ST.  
KEY WEST FL 33040

Mailing Address

1415 PETRONIA ST.  
KEY WEST FL 33040-7236Date Incorporated or Qualified  
07/15/1991Date of Last Report  
04/21/97

Principal Place of Business

Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

25 Country

28 Zip

30 Country

FEI Number  
51-0333700Applied For  
Not Applicable

Certificate of Status Desired

\$8.75 Additional  
Fee Required\$5.00 May Be  
Added to FeesThis corporation has liability for intangible tax under s. 199.032.  
Florida Statutes ☐ Yes ☒ No

Name and Address of Current Registered Agent

MARKOW, BASIL  
1415 PETRONIA ST.  
KEY WEST FL 33040

Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE PSCC ☐ DELETE  
NAME MARKOW, BASIL  
STREET ADDRESS 1415 PETRONIA ST.  
CITY-ST-ZIP KEY WEST FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 500002553055  
1.4 CITY-ST-ZIP -06/09/98--01069--045  
\*\*\*150.00TITLE VT ☐ DELETE  
NAME KRIMKO, ROBERT  
STREET ADDRESS 1415 PETRONIA ST.  
CITY-ST-ZIP KEY WEST FL2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME VTD  
2.3 STREET ADDRESS MARKOW, ROBERTA  
2.4 CITY-ST-ZIP 1415 PETRONIA ST.  
KEY WEST, FL 33040TITLE D ☐ DELETE  
NAME MARKOW, JR. BASIL  
STREET ADDRESS 23 BLAKEY AVE  
CITY-ST-ZIP MANASQUAN NJ3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 11 or Block 12, if changed, or on an attachment with an address.

Basil Markow / BASIL MARKOW PRES 5/29/98 305-294-2050