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FILED

May 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P92000009108 (1)

1. Corporation Name

EAST-WEST ENTERPRISES LIMITED, INC.



Principal Place of Business

1800 DR. ANDRE'S WAY  
DAYTON OH 45424  
DELAWARE OH FL 33445  
US-

Mailing Address

8479 MICHAEL DRIVE  
BOYNTON BEACH FL 33428

3. Date Incorporated or Qualified  
12/02/1992

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 1855 DR. ANDRE'S WAY

2a. Mailing Address

26 8479 MICHAEL DR.

4. FEI Number

65-0389486

Applied For

Not Applicable

Suite, Apt. #, etc.

22 SUITE #4

Suite, Apt. #, etc.

27 NONE -

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

23 DELRAY BEACH, FL

City & State

28 BOYNTON BEACH, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

24 33445

Country

25 U.S.A.

Zip

29 33437

Country

30 USA

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

9. Name and Address of Current Registered Agent

MANDESE, JOHN J.  
8479 MICHAEL DRIVE  
SUITE 300-P  
BOYNTON BEACH FL 33428

10. Name and Address of New Registered Agent

81 Name JOHN T. PAXMAN  
82 Street Address (P.O. Box Number is Not Acceptable)  
1601 FORUM PLACE  
83 SUITE 801  
84 City WEST PALM BEACH FL 85 Zip Code 33401

11. Pursuant to the provisions of Sections 607.0562 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 of officer or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MAY 27, 1997

12. OFFICERS AND DIRECTORS

TITLE F  
NAME MANDESE, JOHN  
STREET ADDRESS 8479 MICHAEL DR  
CITY-ST-ZIP BOYNTON BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-27-97

(561) 272-0504

CR2E034 (9/96)