FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT

SIGNATURE:

Mar 19 1998 8:00am **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Socretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # P93000040016 (6) EAST CHINA, INC. Principal Place of Business Mailing Address 1880 S US ONE 1880 S US ONE **ROCKLEDGE FL 32955** ROCKLEDGE FL 32955 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/28/1993 2. Principal Place of Business 2a. Mailing Andress 4 FEI Number Applied For 59-3208659 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, otc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ENG. REBECCA C 1860 S US ONE Street Address (P.O. Box Number is Not Acceptable) **ROCKLEDGE FL 32955 A3** City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstalling) 12, OLFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, DELETE TITLE 1.1 TITLE Change ☐ Addition ENG, RAYMOND NAME 1.2 NAME 1860 S US ONE STREET ADDRESS 1.3 STREET ADDRESS **ROCKLEDGE FL 32955** CITY-ST-ZIP 1.4 CITY-ST-ZIP STD DELETE Change Addition TITLE 21 TITLE ENG. REBECCA C NAME 2.2 NAME **1860 S US ONE** STREET ADDRESS 2.3 STREET ADDRESS ROCKLEDGE FL 32955 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE ☐ Change Addition TITLE 31 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TIME 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY - ST - 7IP Addition DELETE 61 TITLE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. Thereby 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 arrival 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

ELORIDA DEPARTMENT OF STATE

FILED