03-08-1999 90079 007 ***158.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000011490

1. Corporation											
EAST CO	Dast Mark	ETING, INC.								8:8: HERL (1811 E)	LESSE CON L ES S
Principal Place	of Business		Mailing A	Address					-		
3200 PORT ROYALE DR N 3200 PORT ROYALE DR N						·			{		
SUITE 1801 SUITE 1801											
FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308					8				DO NOT WRITE IN THIS SPACE		
									3. Date Incorporated or Qualifed 02/07/1994		
2. Principal Place of Business 2a. Mailing Addre									4. FEI Number		Applied For
21			<u> </u>	26					65-0467536	Not Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certifcate of Status Desired	•	Additional	
22		27	27					5. Certificate of Status Desired	Fee	Required	
City & State	8	City (City & State					6. Election Campaign Financing \$5.00 May Be			
23		28						Trust Fund Contribution Added to Fees			
Zip				⊢ , '			untry		 This corporation owes the current year Personal Property Tax. 	r Intangible ☐ Yes	No
24 25 9. Name and Address of Current			29	ered Agent					10. Name and Address of New Registe		
	9, Name and	Address of Calle	ent Negisterea	Agoin.		81	Name		10.		
TAUBERT, MAUREEN A						82 Street Address (P.O. Box Number is Not Acceptable)				·- 	
3200 PORT ROYALE DR N											
SUITE 1801						83					ł
FT LAUDERDALE FL 33308						84 City				85 Zi	p Code
A4 District	to the manufactors	of Costions 607 06	502 and 607 150	OR Elorida Stati	itee the a	hove	-namer	Leorno	ration submits this statement for the purpos	e of changing	its registered
office or r	anietered agent	or both, in the State and accept the oblig	e of Florida Sur	ch channe was	authonzei	ส ทง	the corr	oration	n's board of directors. I hereby accept the a	ppointment as	registered
SIGNATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,								
Signature, typed or printed name of registered agent and title if applicable (NOTE: Regis							istered Agent signature required			·	
12.		OFFICERS A	ND DIRECTOR	D DIRECTORS		13.		1	ADDITIONS/CHANGES TO OFFICERS	AND DIREC Chang	
TITLE	PT	ALIDEEN A		☐ DELETE	1.1 TI)
NAME	TAUBERT, M		UITE 4004		1.2 NAME			.			ļ
STREET ADDRESS 3200 PORT ROYALE DR N SUI FT LAUDERDALE FL 33308			OHE 1001				1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				ì
CITY-ST-ZIP TITLE	VPS	MLE FL 33300		DELETE	2.1 T		1-211	+		☐ Chang	e Addition
NAME		REDERICK W			2.2 N	AME		1			}
STREET ADDRESS				E 1801		2.3 STREET ADDRESS					
CITY-ST-ZIP		ALE FL 33308		_		2.4 CITY-ST-ZIP					·
TITLE				DELETE	3.1 T	ITLE				☐ Chang	je 🗌 Addition
NAME					3.2 N	AME					
STREET ADDRESS					3.3 \$	TREET	ADDRESS	;			
CITY-ST-ZIP					3.4. 0	CITY-S	T-ZIP				PT A Jaco
ππ£				□ DELETE	4,1 T			ľ		Chang	ge []] Addition
NAME						AME					
STREET ADDRESS	र						ADDRESS	5			
CITY-ST-ZIP				DELETE		ITY-S	T-ZIP	 		☐ Chang	ge Addition
TITLE				Pocreic	5.1 Ti 5.2 N	IAME		1			,- <u> </u>
NAME							FADDRESS	,		•	
STREET ADDRESS					i i	ITY-S		1			
CITY-ST-ZIP TITLE				☐ DELETE	6.1 T			+		Chang	ge Addition
NAME					6.2 N	IAME					ĺ
	*	*			6.3 \$	TREET	FADDRESS	;			,

CITY-ST-ZIP 14. I 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, with all other like empowered.

SIGNATURE: MAUREEN

6.4 CITY-ST-ZIP