

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90198 013 ***150.00

DOCUMENT # P94000016974

1. Corporation Name

EASTCOAST CREATIVE DESIGNS, INC.



Principal Place of Business

6120 N.W. 20 COURT
MARGATE FL 33063

Mailing Address

6120 N.W. 20 COURT
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1994

4. FEI Number

65-0485927

Applied For

No: Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 11453 NW 39 Ct

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

22 # 209

Suite, Apt. #, etc.

27

City & State

23 CORAL SPRINGS FL

City & State

28

Zip

24 33065

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

BEAVERS, BRIAN
6120 N.W. 20 COURT
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name

BRIAN BEAVERS

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

11453 NW 39 Ct

83

84 City

CORAL SPRINGS

FL

85 Zip Code

33065

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Brian Beavers

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

(NO "E" Registered Agent signature required when reinstating)

DATE 4-23-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BEAVERS, BRIAN
STREET ADDRESS 6120 N.W. 20 COURT
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P/T/L ☒ Change ☐ Addition

1.2 NAME BRIAN BEAVERS

1.3 STREET ADDRESS 11453 NW 39th Court #209

1.4 CITY-ST-ZIP Coral Springs, FL 33065

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 change is, or on an attachment with an address, with all other like empowered

SIGNATURE:

Brian Beavers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-99

954-757-5603

CR2E034 (11/98)

0174839