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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 21 1997 8:00am

Secretary of State

Daytonic Physic #

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000031204 (8)

EAST OCEAN PALACE, INC.

| 17047-63 N DIXIE HWY UNIT 602 NO MIAMI BEACH FL 33160 US |   | 17047-63 W. DIXIE HWY<br>Unit 602<br>No Miami Beach Fl 33160<br>US         |  |   | Date Incorporated or Qualified     04/25/1994              | 1  | e of Last<br><b>9/1996</b> | Report        |            |
|--|---|--|--|---|--|--|----------------------------|---------------|------------|
| 2. Principal Pr  | age of Business   | 28. Mailing Address  |  |   | 4. FEI Number  |  | A                          | applied For   |            |
| 21   |   | 26   |  |   | 65-0486808   |  |                            |               |            |
| Suite Apt #, etc.  |   | Suite, Apt #, etc.   |  |   | 5. Certificate of Status Desired See Required Fee Required |  |                            |               |            |
| City & Stut-   | :   | City & State   |  |   |  | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees                         |                            |               |            |
| 2.p Country 25   |   | Ζφ<br>29   | Country 30                                 |   |  | 8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes \(\simega\) No |                            |               |            |
|  | 9. Name and Address of Currer                                     | t Registered Agent   | .,,,                                       |   |  | 10. Name and Address of New Re   | gistered A                 | gent          |            |
| LEVI   | NG, JOSEPH CPA PA   |  | 81 Name                                    |   | Name   |  |                            |               |            |
|  | 99 BISCAYNE BLVD SUITE 205<br>IAMI BEACH FL 33180                 |  | 82   | 82 Street Addr  |  | ess (P.O. Box Number is Not Acceptab   | ile)                       |               |            |
| 11 11  | Will Device to to to to   |  | 83   |   | ·  |  |                            |               |            |
|  |   |  | 84   | +-  | City   |  | FI                         | <b>85</b> Zip | Code       |
| SIGNATURE  12. TOTE  NAME  SIMPLE ALDRICH  GITY STATE    | TS<br>WILL, ROMINA L<br>17047-63 W DIXIE HWY<br>NO MIAMI BEACH FL | CICOMERIA DI DELETE  | 13. 11 TITLE 12 NAME 13 STHEE              | jerit<br>TAI  | DORESS   | ed when reinstaling) ADDITIONS/CHANGES TO OFFIC  |                            | Change        | ☐ Addition |
| NAME STREET ALCOHASS CITY-ST ZIE                         | PD<br>Will, DNNIE<br>17047-63 W DIXIE HWY<br>NO MIAMI BEACH FL    | INIE       22         3 W DIXIE HWY       23         MI BEACH FL       2.0 |  | 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 |  |  |                            | Change        |            |
| TOLE NAME SUBSTEADORESS OUT \$1.70                       | 32  |  | 3.2 NAME<br>3.3 STREE                      |   |  |  |                            |               |            |
| THE NAME SIRRELADORESS                                   |   | DELFTE   | 4 1 TITLE 4 2 NAME 4 3 STREE 4 4 CITY      | -<br>-1 A(  |  |  |                            | Change        | a Add⊰ion  |
| CHY SE ZE  LIEF  NAME  SERE LATIGES!                     |   | DELETE   | 51 TITLE<br>52 NAME<br>53 STREE<br>54 CTY- | TAI   | DDRESS   |  | ,                          | Change        | e Addition |
| UN SI 7.5<br>LINE<br>BAME<br>CORCLESIONS                 |   | DELETE   | 6 1 TITLE<br>6 2 NAME                      |   |  |  |                            | ☐ Change      | Addition   |

14. I do hereby cellly that the information supplied will this faing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this amount 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 drop for or the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name