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Feb 04 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 # P94000045859 (3)

1. Corporation Name  
EASTPOINT SUPPLIERS, INC.



Principal Place of Business  
11700 NW 100 ROAD  
SUITE 3  
MEDLEY FL 33178

Mailing Address  
11700 NW 100 ROAD  
SUITE 3  
MEDLEY FL 33178-1033

3. Date Incorporated or Qualified 06/20/1994  
3a. Date of Last Report 08/23/1996

2. Principal Place of Business 21 6001 NW 153 ST  
2a. Mailing Address 26 6001 NW 153 ST

22 SUITE 150 27 SUITE 150

23 MIAMI LAKES, FL 28 MIAMI LAKES, FL

24 33014 25 USA 29 33014 30 USA

4. FEI Number 65-0571710  
Applied For Not 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
FLEMING, KENNETH  
8336 NW 201 TERRACE  
MIAMI FL 33014

10. Name and Address of New Registered Agent  
81 Name FLEMING, KENNETH  
82 Street Address (P.O. Box Number is Not Acceptable) 6001 NW 153 ST  
83 SUITE 150  
84 City MIAMI LAKES FL 85 Zip Code 33014

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 *Kenneth Fleming* KENNETH FLEMING 1-15-97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	FLEMING, KENNETH	
STREET ADDRESS	8336 NW 201 TERRACE	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE	VP	<input type="checkbox"/>
NAME	FLEMING, EMMA	
STREET ADDRESS	8336 NW 201 TERRACE	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Kenneth Fleming* KENNETH FLEMING 1-15-97 305-828-6440  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)