Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90190 027 ***150.00

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 # P94000045859

1. Corporation Name

EACTDOINT CLIDDLIEDS INC

EASTPOINT SUPPLIENS, I	NO.			
Principal Place of Business	Mailing Address		# 100110003 IIO 10131 01811 03111 00111 00111 00111	8171 81981 8 11 8 1 18181 81188 1811 8 88
5881 NW 151ST ST #100-A	*	om 11 22	•	•
MIAMI LAKES FL 33014	6187 NW 167			
US	Miami Fl, 33	014	DO NOT WRITE IN TH	HIS SPACE
	, *		3. Date Incorporated or Qualifed	
			06/20/1994	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-05717 <u>10</u>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27			
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Country	28 Zip	Country	Trust Fund Contribution	
Zip Country	<u> </u>	30	8. This corporation owes the current year. Personal Property Tax.	Tintangible No
24 25 25 Address	29	30	10. Name and Address of New Register	
5. Haile and Addres	53 Or Guitein Hegistolius Figure	81 Name	==	- 1
FLEMING, KENNETH				
6187 NW 167 S	t. H-23	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	•
Mïami F1, 330		83		
(new-address)			~	
" (newdad 2 coop)		84 City	5	85 Zip Code
				of changing its registered
44 Purculant to the provisions of Sections	ions 607 0502 and 607 1508. Florida Statute	s, the above-named corb	oralion subfills lins statement for the burbose	
office or registered agent, or both.	ions 607.0502 and 607.1508, Florida Statute in the State of Florida Such change was au opt the obligations of, Section 607.0505, Flori	itnorized by the corporation	on's board of directors. Thereby accept the ap	pointment as registered
office or registered agent, or both, agent. I am familiar with, and acce	rin the State of Florida. Such change was au opt the obligations of, Section 607.0505, Flori	imorized by the corporation ida Statutes.	on s board of directors. Thereby accept the ap	pointmerit as registered
office or registered agent, or both, agent. I am familiar with, and acce SIGNATURE Signature, typed or printed name.	in the State of Florida. Such change was aupt the obligations of, Section 607.0505, Florior of registered agent and title if applicable. (NOTE:	imonzed by the corporation ida Statutes. Registered Agent signature required	d when reinstating) DATE	ponturient as registated
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6.4 CITY-ST-ZIP 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:

828-640