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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000007975 (2)

EASTERN AUTO AIR, INC.

Principal Place of Business Mailing Address

2021 SOUTHWEST 70TH AVENUE

FILED May 02 1997 8:00am Secretary of State



2021 SOUTHWEST 70TH AVENUE DAVIE FL 33317		2021 SOUTHWEST 70TH AVENUE DAVIE FL 33317-7314									
						3. Date incorporated or Qualified 01/31/1995		ate of Last 22/1996		,a	
	Place of Business	2a. Mailing Addres	2a. Mailing Address			4. FEI Number		/	Applied Fo	or	
21		26				65-0551359		!	Not Applic	able	
Suite, Ap	1 #, etc.	Suite, Apt. #, et	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & Sta		City & State			F	Election Campaign Financing Trust Fund Contribution			May Be d to Fees		
Ζφ 24]	Country Zip Country 25 29 30 9. Name and Address of Current Registered Agent					6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No					
		rrent Registered Agent	· · · · · · · · · · · · · · · · · · ·		****	10. Name and Address of New Re	gistered	Agent			
	MERILAWYER			81	Name						
343 ALMERIA AVENUE CORAL GABLES FL 33134				B2	Street Add	ress (P.O. Box Number is Not Acceptable)					
İ				83							
				84	City		FL	85 Zir	o Code		
office or agent 1	r registered agent, or both, in the S am familiar with, and accept the o	tate of Florida. Such change bligations of, Section 607.05	was authorized 05, Florida Stat	d by lutes	the corpora	poration submits this statement for the ation's board of directors. I hereby acce	pt the app	ointment a	is register	ed	
GIGITATIONE.	Signature, typed or priebo name of registers	d agent and title I applicable.	(NOTE: Registered	d Age	nt signature requ	lited when reinstating)	DATE				
12.		AND DIRECTORS	13.		·	ADDITIONS/CHANGES TO OFFIC	CERS AND				
TITLE	P	☐ DELE	TE 1.1 TI	TLE				L. Change) ∐Adv	dition	
NAME	RASMUSSEN, RANDOLPH		1.2 N/	AME							
STREET ADDRESS		WENUE	1.3 \$1	TAEET	ADDRESS						
C(TY+ST-ZIP	DAVIE FL 33317		1.4 C(TY-\$	T-ZIP						
THE		☐ DELE	TE 2.1 TI	TLE				Change	e [_] Ad	dition	
NAME			2.2 N/	AME		•					
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Tate		DELE	TE 31 TI	TLE				Change	. 🔲 Ad	ldition	
NAME			3.2 N	AME							
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NAME			5.2 N	AME							
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CITY-ST-20F			5.4 C	ITY - S	ST - ZIP						
1/11/5		☐ DELI						Change	e 🗌 Ad	ddition	
NAME	·		6.2 N	AME		•					
STREET ADORES	s				ADDRESS						
CITY-ST-ZIP	*				T-ZIP						
UH1 - 51 - 711	1		E 0.4 U	., 9	0.415						

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: