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 Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90019 009 ***150.00

FILED

DOCUMENT # **P95000060212**1. Corporation Name

MARIAN V. EASTWOOD, INC.

(10 4 10 10 1	V- Enormous, inc.					
Principal Place of Business Mailing Address			(SOUTH THE CAME AND			
STUART FL 34996 STUART-F		-50-SE KINDRED STREET SUI STUART FL 34994		DO MAY HIDITE IN THIS OF	VA 0.5	
US 5630 FOXCE		OSS PLACE	DO NOT WRITE IN THIS SE	ACE		
		STUART, FL	34997	08/03/1995		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0604436	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5., Certifcate of Status Desired	\$8.75 Additional Fee Required	
22		City & Ctata				
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23	Country	28 Zip	Country	8. This corporation owes the current year Intang		
Zip	25	29 3	→ ´		Yes □No	
24	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registered Ag	ent	
81 Name						
KOHL, N D JR 50 SE KINDRED STREET SUITE 107			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
STUART FL 34994			83			
			84 City	FL	85 Zip Code	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	DPS	☐ DELETÉ	1.1 TITLE		Change	
NAME	EASTWOOD, MARIAN V		12 NAME			
STREET ADDRESS	2180 SE OCEAN BLVD		1.3 STREET ADDRESS)	
CITY-ST-ZIP	STUART FL 34996		1.4 CITY-ST-ZIP			
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME I	PROVOST, ROBERT S		2.2 NAME			
STREET ADDRESS	2180 SE OCEAN BLVD		2.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL 34996	/	2.4 CITY-ST-ZIP		~ <u>-</u>	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition I	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS		ĺ	
CITY-ST-ZIP		·	3.4. CITY-ST-ZIP			
TITLE		☐ DELET E	4.1 TITLE	;	☐ Change ☐ Addition	
NAME	•		4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		l	
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	L	Change Addition	
NAME			5.2 NAME		مبر	
STREET ADDRESS			5.3 STREET ADORESS	<i>J</i>	7	
CITY-ST-ZIP			5,4 CITY-ST-ZIP		Channa Daddis-	
TITLE		☐ DELETE	6.1 TITLE	` [☐ Change ☐ Addition	

14. 1 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

561