PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P95000076287

WILTON EAST COAST PARTNERS, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90202 045 ***158.75

Principal P ac	e of Business	Mailing Address			
11022 SANTA MONICA BLVD. SUITE 450		11022 SANTA MONICA BLVD. SUITE 450			
LOS ANGELES	CA 90025	LOS ANGELES CA 90025			DO NOT WRITE IN THIS SPACE
					Date Incorporated or Qualifed
					10/05/1995
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			95-4548971 Not Applicable
Suite, Act.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			5. Certificate of Status Desired X Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Cour try	Zip	Coun	itry	8. This corporation owes the current year intangible
24	25	29	30		Persor al Property Tax. ☐ Yes 📜 No
	9. Name and Address of Current	 _			10. Name and Address of New Registered Agent
				81 Na	Name
THE	PRENTICE-HALL CORPORATION	SYSTEM, INC.	-	00 04	Street A. Harris (D.O. Bar Allumbar in Not Appointship)
1201	HAYS STREET		1	82 Str	Street Address (P.O. Boy Number is Not Acceptable)
SUIT	E 105		h	83	
TALL	AHASSEE FL 32301		Ĺ		
			1	84 Cit	City FL 85 Zip Code
		1007 4500 51-11- 01-4			· —
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State c	and 607.1508, Florida Statt FFlorida, Such change was	ates, the about	ove-nar	named corporation submits this statement for the purpose of changing its registered a corporation's board of directors. I hereby accept the approximent as registered
agent. a	m familiar with, and accept the obligati	ons of, Section 607.0505, FI	orida Statut	tes.	
SIGNATURE					
	Signature, typed or printed name of registered agent			Agent signa	gnature required when reinstating) DATE APPLITY MORE HANDER TO DEFINE BY AND PURE CTOLIS IN 12
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITL	Æ	☐ Change ☐ Addition
NAME	WILTON, JAY		1.2 NAM	ME	
STREET ADDRESS	11022 SANTA MONICA BLVD.		1.3 STR	REET ADDF	DRESS DRESS
CITY+ST-ZIP	LOS ANGELES CA 90025		1.4 CITY	Y-ST-ZIP	
TITLE	VPST	☐ DELETE	2.1 TITL	LE	☐ Change ☐ Addition
NAME	WILTON, CHERYL		2.2 NAM	ΜE	
STREET ADDRE 3S	ALCON CANTA MONIOR BLUD		2.3 STR	REET ADDR	ORESS
	LOS ANGELES CA 90025		1	 ry-st-zip	
TITLE	EOO ANGLEEO ON SOUZO	DELETE	3.1 TITL		Change Addition
			3.2 NAM		
NAME					NOTES .
STREET ADDRE 3S				REET ADDR	
CITY-ST-ZIP				Y-ST-ZIP	©P Change
TITLE		☐ DELETE	4.1 ∏∏.		
NAME			4. 2 NA	ME	
STREET ADDRE 3S			4.3 STR	REET ADDR	IDRESS
CITY-ST-ZIP		· <u></u> -	4.4 CITS	Y-ST-ZIP	P
TITLE		☐ DELETE	5.1 TITE	LE	☐ Change ☐ Addition
NAME			5.2 NAA	WE	
STREET ADDRESS			5.3 STR	REET ADDF	ORESS
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP	IP
TITLE	<u> </u>	☐ DELETE	6.1 TITL		Change Addition
			6 2 NAM	ME	
NAME				REET ADDR	DORESS
STREET ADDRESS					
CITY-ST-ZIP			64 CIT	Y-ST-ZIP	/t ⁻

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 or an attachment with an address, with a lother like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR I RINTED NAME OF SIGNING OFFICER OR DIRECTOR

April Date 27, 1999 Da(113 110°) 4446377