

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000096732 (9)

1. Corporation Name

EASTERN, INC.

Principal Place of Business

69 NE 10TH ST  
POMPANO BEACH FL 33060

Mailing Address

117 LAKE EMERALD DR #106  
OAKLAND PARK FL 33309



2. Principal Place of Business

21 69 NE 10ST

Suite, Apt. #, etc.

2a. Mailing Address

26 69 NE 10TH STREET

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/18/1995

3a. Date of Last Report

N/A

4. FEI Number

65-0627643

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

City & State

23 POMPANO BEACH

City & State

28 POMPANO BEACH

Zip

24 33060

Country

25 BROWARD

Zip

29 33060

Country

30 BROWARD

9. Name and Address of Current Registered Agent

ROY, DAVID R  
4201 N FEDERAL HWY  
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name

PARVIN KHAN

82 Street Address (P.O. Box Number is Not Acceptable)

69 NE 10TH STREET

83

84 City

POMPANO BEACH FL

85 Zip Code

33060

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

Parvin Khan

PRESIDENT

PARVIN KHAN

04.24.96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP  
KHAN, PARVIN  
STREET ADDRESS 117 EMERALD LAKE DR #106  
CITY-ST-ZIP OAKLAND PARK FL 33309

TITLE ☐ DELETE

NAME DS  
UDDIN, GIASH  
STREET ADDRESS 1120 NE 9TH AVE #34  
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Parvin Khan PARVIN KHAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.24.96(954) 9412489

Date:

Daytime Phone #

CR2E034 (12/95)