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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P96000013275 (8)

GP-EASON, INC.

FILED May 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2500 E. HALLANDALE BEACH BLVD. 2500 E. HALLANDALE-BEACH BLVD. SUITE BO3 DO NOT WRITE IN THIS SPACE HALLANDALE FL 33009 HALLANDALE FL 33009 3. Date Incorporated or Qualified 02/12/1996 Principal Place of Business

BIL GRIFFIND # 203 4. FEI Number 2a. Mailing Address Applied For 26 1818 ORIFFIN RD #203 65-0648087 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required BIHAD City & State 6. Election Campaign Financing \$5.00 May Be 3300 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 ☐ Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COBER CORPORATE AGENTS, INC. 2601 SOUTH BAYSHORE DRIVE Street Address (P.O. Box Number is Not Acceptable) 19TH FLOOR 83 **MIAMI FL 33133** Zip Code 84 City 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, typod or printed hance of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE ☐ Addition TITLE 1.1 THEE Change POLLACK, GEORGE NAME 1.2 NAME 2500 E. HALLANDALE BEACH BLVD., SUITE 803 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 1.4 CITY-ST-ZIP 1812 BRIER W KPA 503 DETELL Change TITLE Addition 2.1 TITLE SAMIA FL. 33004 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP CHARLES ROLLAC SECT. DELETE TITLE Change Addition 31 TITLE ISIS PRIFFIARD . 4203 MALIF 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 20085,74, AMAG CITY-ST-ZIP 3.4. CHY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE ___ Change Addition 5.1 TITLE NAMÉ 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETÉ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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 chancer, or on in a tachment with an address.

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