## 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 #** P97000044549 (8)

EASTS	IDE DESIGN GROUP, INC.	( )				
Principal Place	e of Business	Mailing Address				01014 01040 <del>0</del> 4141 01010 1041 4001
3333 NE 33 ST 3333 NE 33 ST						
FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308			08		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	IS SPACE
					05/16/1997	
2. Principal P	2. Principal Place of Business 2a. Mailing Address				4.,FFI Number	Applied For
21	<del></del>			_	65-0751947	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		City & State			Fee Required	
City & State	B	<u>ት</u> ነ		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
			Country		(a). This corporation owes or has paid the	
24	<b>├──</b> ┪		30	•	Personal Property Tax due June 30. X Yes \[ \begin{array}{c} \text{No} \\ \text{Personal Property Tax due June 30.} \end{array}	
<del>=:1</del>	9. Name and Address of Currer		11		10. Name and Address of New Registers	
SKOLNICK, GERTRUDE				Name		
3333 NE 33 ST			ti	Street Ad	Address (P.O. Box Number is Not Acceptable)	
FI	LAUDERDALE FL 33308		1	33		
			],	City	F	B5 Zip Code
11. Pursuant i office or ri agent. I a	Stestude Stee	tul			orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	
40	Stop dure, typical or printed name of registered age			Agent signature re	equired when reinstalling) DATE	
12.	OFFICERS AN	DELITE	13. 1.1 111L	·	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	SKOLNICK, GERTRUDE	La recent	1.2 NAM			El change El reaction
STREET ADDRESS	ACCO NE CO OT			ELT ADDRESS		
CITY-ST-ZIP	ET LAUDEDDALF EL 00000		1	/-SI-ZIP		
TITLE			21 1111	F		Change Addition
NAME			2 2 NAN	1E		
STREET ADDRESS	3333 NE 33 ST		2.3 S18	eet address		
CITY-ST-ZIP			2. 4 CI1	Y · \$1 - ZIP		
TITLE		DELETE 3.11		f		Change Addition
NAME			3.2 NAM			
STREET ADDRESS				EFT ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		3.4. CIT	Y-S1-7IP		Change Addition
TITLE NAME		4 2 N		i i		Fit shands: Fit wonner
STREET ADDRESS				EFF ADDRESS		i
CITY+ST-ZIP				'-SI-7IP		
TITLE			5.1 Titl			Change Addition
NAME			5.2 NAN			
STREET ADDRESS				ELI ADDRESS		
CITY-ST-ZIP				-S1-21P		
TITLE		☐ DELETE	6.1 TITU			Change Addition
NAME			62 NAM	IE		
STREET ADDRESS			6.3 STRI	EET ADDRESS		
CITY-ST-ZIP	!		6.4 City	· ST - ZIP		

14. Thereby 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 eath; 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 changoli, or on an attachment with an address.

**FILED** 

Apr 10 1998 8:00am

Secretary of State