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

**PROFIT** CORPORATION ANNUAL REPORT 1998 **DOCUMENT #** EASTGATE, INC.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000052864 (0)

## **FILED** Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 5030 SANCTUARY WAY, APT. H 5030 SANCTUARY WAY, APT. H WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/13/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 5090 SANCTUARY WAY 5090 SHINCTUARY WAY Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing WEST PALM BEACH WEST M BEACH П Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 33417 29 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NGUYEN. HOANG NGUYEN 5030 SANCTUARY WAY, APT. H 82 Street Address (P.O. Box Number Is Not Acce WEST PALM BEACH FL 33417 63 WE ST PALM BEACH 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 against and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE ★ Change NGUYEN NAME NGUYEN, HOANG 1.2 NAME 33417R SANCTUARY 5090 C 5030 SANCTUARY WAY, APT. H STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33417 PALM BEA CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP ☐ Addition DELETE TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Addition Channe TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 C(TY+ST-ZIP DELETE Addition TITLE 5.1 TITLE ☐ Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change Addition 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing door indicated on this annual report or supplymental annual report of officer or director of the corporation or the receiver or trusted and Block 12 or Block 13 if changed or the receiver with an attachment with a solution. no qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information type and accurate and that my signature shall have the same legal effect as if made under oath, that I am an appeared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

**SIGNATURE:** 

03-26-48

561.684.7779