


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

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000061525 (6)

1. Corporation Name

EAST WEST COMMUNICATIONS, INC.

Principal Place of Business

4301 OAK CIRCLE
UNIT 10
BOCA RATON FL 33431

Mailing Address

% M.Y. FUTURE
680 WEST INDUSTRIAL AVE UNIT 4
BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1997

4. FEI Number

65-0775179

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 4301 OAK CIRCLE #10

27 Suite, Apt. #, etc.

28 City & State

BOCA RATON FL

29 Zip

33431

30 Country

FLA

9. Name and Address of Current Registered Agent

YOHE, MARK
4301 OAK CIRCLE
UNIT 10
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name MARK D. YOHE

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

83 680 W. INDUSTRIAL AVE #4

84 City BOYNTON BEACH FL 85 Zip Code 33426

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

Mark D. Yohe

MARK D. YOHE

01-29-98

Signature typed or typed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	STEVENS, JAMES P	
STREET ADDRESS	4301 OAK CIRCLE, UNIT 10	
CITY-ST-ZIP	BOCA RATON FL 33431	

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	ROSENBERG, GENE	
STREET ADDRESS	4301 OAK CIRCLE, UNIT 10	
CITY-ST-ZIP	BOCA RATON FL 33431	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES P. STEVENSON	
1.3 STREET ADDRESS	16 SPANISH RIVER DR.	
1.4 CITY-ST-ZIP	OCEAN RIDGE FL 33435	

2.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GENE ROSENBERG	
2.3 STREET ADDRESS	10348 186th CT. S.	
2.4 CITY-ST-ZIP	BOCA RATON FL 33498	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 changed, or on an attachment with an address.

SIGNATURE:

James P. Stevenson

1/20/98 (201) 447-8600

CR2E034 (10/97)