SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000061613 1. Corporation Name

EASTERN TECHNOLOGY GROUP, INC.

FILED Sep 24, 1999 8:00 am Secretary of State

09-24-1999 90012 027 ***550.00

	iv reonitoeour a							
Principal Plac	ce of Business	Mailine	g Address				-	## ##1## 11### #41## f1### 1### 1###
5312 MCINTOSI			5312 MCINTOSH POINT					
SANFORD FL 32773 SANFORD FL								
							DO NOT WRITE IN TH	IIS SPACE
							3. Date Incorporated or Qualified	
							07/16/1997	
2. Principal P	Place of Business	2a. Ma	2a. Mailing Address				4. FEI Number	Applied For
21		26					59-3482526	Not Applicable
Suite, Apt. #; etc.		Sù	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22		27						Fee Required
City & State		<u> </u>	City & State				6. Election Campaign Financing	\$5.00 May Be
23		28		1 -			Trust Fund Contribution	Added to Fees
Zip	Country	Zip)	Cour	ntry		8. This corporation owes the current year	M
24	25	29		30			Intangible Personal Property.	Yes
	9. Name and Address	s of Current Registere	ed Agent		81	Name	10. Name and Address of New Registere	ed Agent
NEI 9	SON, BEVOLINE]	•"	name		•
5312 MCINTOSH POINT			Ī	82	Street Addres	ess (P.O. Box Number is Not Acceptable)		
	FORD FL 32773							
0/44	OND IL GEITG				83			
				F	84	City		85 Zip Code
						-	<u></u> <u></u>	
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.								
~		pt the obligations of, se	Caon 607.0303, F1	ionua Statt	1165.			
SIGNATURE	Signature, typed or printed name of	f registered agent and title if appl	licable. (N	IOTE: Register	ed Age	nt signature require	ed when reinstating) DATE	
12.	OF	FICERS AND DIRECTO	ORS	13.			ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 TITI	F			
NAME	NELSON, BEVOLINE		OCLETE	(.1.)111				Change Addition
STREET ADDRESS			☐ vere≀e	1.2 NA		\		L Change Addition
A LUCE : WOUNE 99	5312 MCINTOSH POI	NT	Dereie	1.2 NA	ME	DORESS		Change Addition
CITY-ST-ZIP		NT	OELETE	1.2 NA	ME REET AC			Change Addition
	5312 MCINTOSH POI	INT .	DELETE .	1.2 NA/ 1.3 STR 1.4 CIT	ME REET AL Y-ST-ZI			Change Addition
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CITY-ST-ZIP TITLE	5312 MCINTOSH POI SANFORD FL 32773 VPO	•		1.2 NAF 1.3 STR 1.4 CIT 2.1 TITE 2.2 NAF	ME REET AL Y-ST-ZI LE ME			`
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CITY-ST-ZIP TITLE NAME STREET ADDRESS	5312 MCINTOSH POI SANFORD FL 32773 VPO NELSON, GIFFORD 985 MONROE HARBO	•		1.2 NA/ 1.3 STR 1.4 CIT 2.1 TITI 2.2 NA/ 2.3 STR	ME Y-ST-ZI LE ME IEET AL Y-ST-ZI	DDRESS	· · · · · · · · · · · · · · · · · · ·	`
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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 supplied 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 of 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 a part attach then with an address.

SIGNATURE:

CHEFORD NEUSON