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 # P97000075876 (7)

EASTERN AIRPARTS UNLIMITED, INC.

Principal Place of Business	Mailing Address		
6850 NORTHWEST 20TH AVENUE FORT LAUDERDALE FL 33309	6850 NORTHWEST 20TH AVENUE FORT LAUDERDALE FL 33309		
2. Principal Place of Business	2a. Mailing Address		

FILED Apr 27 1998 8:00am Secretary of State



6850 NORTHWEST 20TH AVENUE FORT LAUDERDALE FL 33309		6850 NORTHWEST 20TH AVENUE FORT LAUDERDALE FL 33308		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
					09/02/1997			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-0784712		Not Applicable	
Suite, Apt. (#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.7	5 Additional	
22	····	27			5. Certificate of Status Desired	Fe	e Required	
City & State	9	City & State			6. Election Campaign Financing	\$5.	00 May Be	
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip		Country 8. This corporation owes or has paid the current year intangible				
24	25 9. Name and Address of Curr	29	30		Personal Property Tax due June 30.	Yes	□ No	
041		ent Registered Agent	81	Name	10. Name and Address of New Registered	Agent		
	NTONE, ROBERT	-	*'	Name				
6850 NORTHWEST 20TH AVENUE			82	82 Street Address (P.O. Box Number is Not Acceptable)				
FU	RT LAUDERDALE FL 33309							
			83					
			84	City		85	Zip Code	
				•	FL			
DINCO OF 16	a giste red agent, or bollt, in the Sia	ie o: Fiorida, Such change wa	s autnorized by	the corpor	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	changir ointment	ng its registered Las registered	
-	ກ familiar with, and accept the obli	gations of, Section 607.0505,	Florida Statutes	ı				
SIGNATURE	Signature, typed or printed name of registered a	ment and tile if application. (N	OIF Basistaved Acc	o, ejanatuso taa	quired when reinstating) DATE			
12.		ND DIRECTORS	13.	i. argina.ure req	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	TORS IN 12	
TITLE	P	DELETE	1.1 TITLE		ABBITTOTAGE INTRACE TO OTTOETO AIRE	Chan		
NAME	PICARD, CATHERINE		1.2 NAME				\$	
STREET ADDRESS	6850 NORTHWEST 20TH AV	VENUE	1.3 STREET	ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 333							
TITLE		DELETE	1.4 CITY-S 2.1 TITLE	1 - ZIP		Chan	pe Addition	
NAME			2.2 NAME				Ac TT VOOITION	
STREET ADDRESS				4000000				
1			2.3 STREET				j	
CITY-ST-ZIP TITLE		DELETE	2.4 CITY - S	1-ZIP		- Char	Addition	
NAME			3.1 T(TLE			L Chan	ge L Addition	
			3.2 NAME				i	
STREET ADDRESS			3.3 STREET	į.				
CITY-ST-ZIP		Dougte	3.4. CITY - S	T-ZIP				
TITLE		☐ DELETE	4 1 TITLE			L Chang	ge L Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE1	address			į	
CITY-ST-ZIP		T DOLOTE	4.4 CHY - ST	- ZIP				
TITLE		DELETE	5.1 TITLE			Chang	ge Addition	
NAME			5.2 NAME	1				
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP	***************************************		5.4 CITY - ST	- ZIP				
TITLE		☐ DELETE	6.1 TITLE			Chang	ge Addition	
NAME			6.2 NAME					
STREET ADDRESS			63 STREET	ADDRESS			ŀ	
CITY-ST-ZIP			64 City-St	. 7IP				

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 performs 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 regiver of the