FILE NOW:	FILING FEE AFT	TER MAY 1ST IS	\$550.0	0				
PROFIT CORPORATI	ON A	FLORIDA DEPARTMENT OF STATE				1		
ANNUAL REP		Katherine Harris Secretary of State				THE P P P		
1999		DIVISION OF CORPORATIONS						
DOCUMENT # P9 7 0000 75876 1. Corporation Name					99 NOV 29 PH 4: 28			
Eastern Airparts Unlimited, Inc.					SECRETARIA STATE TALLAHASSEE, FLORIDA			
Principal Place of Busines	s 11 .	Mailing Address			-			••
6950 NW 2012 AVE								
Ffluderdale, FL 33309					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					09/02/97			
Principal Place of Busin 21					4. FEI Number 65-0784712	、	Applied Not Ap	oplicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	1 1	75 Addi ee Requir	
27					6. Election Campaign Financing		5.00 May	
3			Country		Trust Fund Contribution 8. This corporation owes the current	A	ded to Fe	ees
4 25 29 3			30		Personal Property Tax.	X Ye:		No
<u> </u>	and Address of Current R	egistered Agent	81	Name	10. Name and Address of New Re	gistered Agent		
Kobert.	Collows	_	82	Street Addre	ess (P.O. Box Number is Not Acceptab	de)		
6850 N	W ROTH AN	R	83					
FALLOW	lerdale, fl	33309	84	City		85	Zip Code	e
	•	* ' ' ' ' '		-	oration submits this statement for the p	F <u>L</u>]		
office or registered ag	ent, or both, in the State of Fifth, and accept the obligation	Florida. Such change was au	ithorized by	the corporation	on's board of directors. I hereby accept	the appointment	as registe	ered
SIGNATURE Shouling board	or printed name of registered agent and	1 title if englicable /NOTE:	Decistered Aces	t signature required	1 when reinstaling)	DATE		
12.	OFFICERS AND D	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIR		
NAME CONTRACTOR	local & cont	☐ DELETE	1.1 TITLE 1.2 NAME	ļ		□ Ch	ange [Addition
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NAME			6.2 NAME		a 2		_	
STREET ADDRESS			6.3 STREET	1	75			
14. I hereby certify that the	e information supplied with the	nis filing does not qualify for	6.4 City-st the exemption		ection 119.07(3)(i), Florida Statutes. I f	urther certify that	the inforr	mation
indicated on this annua officer or director of the	al report or supplemental and e corporation or the receiver	pual report is true and accur or trustee empowered to ex	ete and that recute this re	my signature port as requir	ection 119.07(3)(i), Florida Statutes. I f shall have the same legal effect as if n red by Chapter 607, Florida Statutes; a	nade under oath; ind that my name	that I am appears	an in
	changes, or on an attachore	erii wath art address, with all	omer like en	1/1/				
SIGNATURE: _	SIGNATURE AMOUTYPED OR PRI	NTED NAME OF BIGNING OFFICER	DR DIRECTOR	Robert	Conford 11/2/49	561-993 Daytime Pho	(0)	<u> </u>

November 8, 1999

Division of Corporations Annual Reports Filings PO Box 1500 Tallahassee, Florida 32302 2

Dear Sir or Madam:

Enclosed please find the 1999 Corporate Annual Report of Eastern Airports Unlimited, Inc. along with their check for \$150. They have no record of having received any correspondence from your office regarding this form. They were originally incorporated at a different address. This would be the first time they have failed to file this form from their current address and had they received it they would have surely sent it in right away.

Per instructions from your office we received the blank form enclosed and are immediately remitting it with payment. They are a small family owned corporation and are compliant with the IRS and Florida Department of Revenue in regards to all tax filings and payments.

We understand the need to have enforcement and compliance penalties, but feel that it is not warranted in this case. Such an added penalty would be an unbearable burden to this company as their business supports the owner's family and can not afford large unexpected expenses such as this.

We appreciate your kind assistance in this regard and you have our assurances that we will always endeavor to make all future filings and payments in a timely manner.

Richard J. Gross, C.P.A.

For the Firm