

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90041 033 ***158.75

DOCUMENT # **P97000099803**

1. Corporation Name

EASTON & COMPANY, INC.



Principal Place of Business

**555 SOUTH FEDERAL HIGHWAY SUITE 400
BOCA RATON FL 33432**

Mailing Address

**555 SOUTH FEDERAL HIGHWAY SUITE 400
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1997

2. Principal Place of Business

21 200 W Palmetto Park Rd

2a. Mailing Address

26 200 W. Palmetto Park Rd

Suite, Apt. #, etc.

22 306

Suite, Apt. #, etc.

27 Suite 306

City & State

23 Boca Raton Florida

City & State

28 Boca Raton Florida

Zip

24 33432

Country

25 USA

Zip

29 33432

Country

30 USA

4. FEI Number

65-0803202

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 the current year intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**HAMILTON, BRENDA LEE
555 SOUTH FEDERAL HIGHWAY SUITE 400
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name

YALE GABER

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

6006 ROYAL PINCLIANA LANE

83

84 City

TAMARAC

FL

85 Zip Code

33319

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

Yale Gaber

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **HAMILTON, BRENDA LEE**
STREET ADDRESS **555 SOUTH FEDERAL HIGHWAY SUITE 400**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ DELETE

NAME **EASTON, KENNETH**
STREET ADDRESS **555 SOUTH FEDERAL HWY SUITE 400**
CITY-ST-ZIP **BOCA RATON FL 33423**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Yale Gaber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/99 561 368 8101

CR2E034 (1/98)