2001		_		LED			Opposit.				
DOCUMENT # P9700099803 1. Entity Name EASTON & COMPANY, INC.					Jan 20, 2001 8:00 am Secretary of State 01-20-2001 90017 008 ***158.75						
Principal Plac 200 W. PALMET #306 BOCA RATON	TTO PK RD	Mailing Address 200 W. PALMETTO PK RD #306 BOCA RATON FL 33432			1 198118 5 1 KB			U6742	a a (115 1 8 a)		
35 o 75 Suite, Apt.	DCCAN BLUE #, etc.	3. Mailing Address 200 in pain Hopk M Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State Calm Beach Fla		#306 City & State B3C R. h. F/4.			4. FEI Number 65-0803202 Applied For **Not Applied For **Not Applicable						
Zip _33_7_Y	Çountry	Zin	Country Palasa	5. Ce	ertificate of S	Status Desired	5	\$8.75 Add Fee Required	itional		
GAR 6006 TAM		enn	eth	Eas Ly Not Acceptat	· .	γ	ro				
8. The above	named entity submits this statement for the stat	Eustn :	gistered office or regi	Z		n the State of	Florida. 2 / O(,			
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Make Check Payable				State	Trust f	on Campaign f Fund Contribut	tion. [☐ Added	0 May Be to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, BRENDA LEE 555 SOUTH FEDERAL HIGHWAY BOCA RATON FL 33432	Delete	TITLE STREET ADDRESS CITY-ST-ZIP	7		E/ (- Change	Addition	E034 (10/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EASTON, KENNETH 555 SOUTH FEDERAL HWY SUITE BOCA RATON FL 33423	□ Delete □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	2	
NAME STREET ADDRESS CITY-ST-ZIP	e e e e e e e e e e e e e e e e e e e	Delete	**TITLE NAME STREET ADDRESS CITY-ST-ZIP			Marchael C. T.			Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition		
indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower, or on an attachment with an address, with	rue and accurate and that my vered to execute this report as th all other like empowered.	signature shall have t required by Chapter	he same le 607, Florid	egal effect as	s if made unde	er oath; that I me appears	am an officer in Block 11 or	or director Block 12 if		
SIGNAT	URE: Some Manager on PRI	Kenn NTED NAME OF SIGNING OFFICER OR	oth Enst	•~	/ /	2 / 0 Date		54716 Daytime Phone #	/		