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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS May 04, 1999 8:00 am Secretary of State 05-04-1999 90129 003 ***150.00

1999

 Corporation 	MEN # P97000 EA SERVICES, INC	01014/1						
Principal Place	e of Business	Mailing Address				. PRIBI IIAN GBIRI 111	;;;; 3 1817 18	J##1 11B1 1BB1
11813 WILDFIRI TAMPA FL 3363 US	11813 WILDFIRE WAY TAMPA FL 33635			DO NOT WRIT	E IN THIS SPAC	Œ		
					3. Date Incorporated or Qualifed 12/02/1997			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			lied For
21	-	26			59-3486001			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	11	.75 Ac	dditional juired
City & State	City & State City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation owes the curre			···
24	25	29 3	0		Personal Property Tax.	Y		No
	9. Name and Address of Curre	nt Registered Agent		1 Name	10. Name and Address of New Re	gisterea Ageni		
CHRISTIANSEN, DAN 11813 WILDFIRE WAY					ddress (P.O. Box Number is Not Acceptate	ole)		
TAMPA FL 33635			8	3				
	•		8	4 City		FL 85	Zip Co	ode
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.050 egistered agent, of both in the Shite m familiar with, and accept the obligations of the sold states agent to the sold states.	atil harof, Section 607.0505, Florid	ia Statute	s. n Chns	orporation submits this statement for the pation's board of directors, I hereby accept	the appointment 4-37-99	ing its regi	egistered istered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIF	ECTOF	RS IN 12
TITLE	P	(DELETE	1.1 TITLE				hange	☐ Addition
NAME	CHRISTIANSEN, DANIEL		1.2 NAME	<u> </u>				
STREET ADDRESS	11813 WILDFIRE WAY	· ·		ET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33635		1.4 CITY-	ST-ZIP				
TITLE	VP	☐ DELETE	2.1 TITLE	· - T			hange	Addition
NAME	HAAS, KARILYNN		2.2 NAME	: [
STREET ADDRESS	10402 AUTUMN GLEN COURT		2.3 STRE	ET ADDRESS :		-	•	
	ODLANDO EL 20026		2 4 0 72	CT 710				

CITY-ST-ZIP UKLANUU FL 32836 Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

6.4 CITY-ST-ZIP 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 afrinual report is 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 or an attack ment of the corporation of the

SIGNATURE:

100 C 100 C 3 9/13/99 1.54

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

WIND THE BUILDING SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Change

☐ Addition

CR2E034 (11/98)