

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90117 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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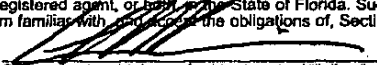
DOCUMENT # P98000007490
 1. Corporation Name
EASY A, INC.

 Principal Place of Business
2814 LAKESHORE DRIVE
ORLANDO FL 32803

 Mailing Address
2814 LAKESHORE DRIVE
ORLANDO FL 32803


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12251 University Blvd. Suite, Apt. #, etc. 22 City & State 23 Orlando, FL Zip Country 24 32817 25 USA		2a. Mailing Address 26 12251 University Blvd. Suite, Apt. #, etc. 27 City & State 28 Orlando, FL Zip Country 29 32817 30 USA		3. Date Incorporated or Qualified 01/23/1998	4. FEI Number 59-3489565	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
				7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent MCAULIFFE, TIMOTHY M 2814 LAKESHORE DRIVE ORLANDO FL 32803		10. Name and Address of New Registered Agent 81 Name Ervin Luis Hechavarria 82 Street Address (P.O. Box Number is Not Acceptable) 5954 Swoffield Drive 83 84 City Orlando FL 85 Zip Code 32812	
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  ERVIN LUIS HECHAVARRIA - President DATE 4/13/99 <small>(NOTE: Registered Agent signature required when reinstating)</small>			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME MCAULIFFE, TIMOTHY M STREET ADDRESS 2814 LAKESHORE DRIVE CITY-ST-ZIP ORLANDO FL 32803	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HECHAVARRIA, ERVIN L STREET ADDRESS 5954 SWOFFIELD DRIVE CITY-ST-ZIP ORLANDO FL 32812	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SIGNATURE REQUIRED
Date **5/2/99**Daytime Phone # **407-207-8222**

CR2ED34 (1/98)