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# FILED
# Jan 16 1998 8:00am
# Secretary of State

PROFIT CORPORATION ANNUAL REPORT

**1998**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V16052 (5)

1. Corporation Name
EASTERN UNITED CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 2213 SE 32ND TERR<br>CAPE CORAL FL 33904<br>US | PO BOX 151103<br>CAPE CORAL FL 33915<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1992

2. Principal Place of Business
21 1208 SW 50TH ST.
Suite, Apt. #, etc. 22
City & State 23 CAPE CORAL, FL
Zip 24 33914 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number 65-0313697 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

**9. Name and Address of Current Registered Agent**

MAS, DAVID
2213 SE 32ND TERR
CAPE CORAL FL 33904

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1208 SW 50TH ST.
83
84 City CAPE CORAL FL 85 Zip Code 33914

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 [signature] DAVID MAS PRES. 1/7/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PADS | ☐ DELETE | 1.1 TITLE | | ☒ Change ☐ Addition |
| NAME | MAS, DAVID | | 1.2 NAME | | |
| STREET ADDRESS | 2213 SE 32ND TERR | | 1.3 STREET ADDRESS | 1208 SW 50th ST. | |
| CITY-ST-ZIP | CAPE CORAL FL | | 1.4 CITY-ST-ZIP | CAPE CORAL, FL 33914 | |
| TITLE | V | ☐ DELETE | 2.1 TITLE | | ☒ Change ☐ Addition |
| NAME | MAS, DIEGO | | 2.2 NAME | | |
| STREET ADDRESS | 2213 SE 32ND TERR | | 2.3 STREET ADDRESS | 1208 SW 50TH ST. | |
| CITY-ST-ZIP | CAPE CORAL FL | | 2.4 CITY-ST-ZIP | CAPE CORAL, FL 33914 | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (10/97)

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.

**SIGNATURE:** [signature] DAVID MAS PRES 1/7/98 941 945-6750