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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V49005

(4)

Mailing Address

EASTON AND ASSOCIATES, INC.

FILED Feb 12 1998 8:00am Secretary of State



729 PALMER LAKE MARY F		729 PALMER CT LAKE MARY FL 32746			DO NOT WRITE IN	THIS SPA	CE			
					3. Date Incorporated or Qualified 08/01/1992					
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number		TA	oplied For		
21		26			59-3134107		N/	ot Applicable		
Suite, Apt.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	_ \$	\$8.75 Additional Fee Regulred			
City & Stat		City & State	· · · · · · · · · · · · · · · · · · ·		Election Campaign Financing Trust Fund Contribution			May Be to Fees		
Zip 24	Country 25	7 ip 29	Countr 30	y 	This corporation owes or has paid to Personal Property Tax due June 30	. 🔲 Y	es [tangible] No		
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Regis	tered Age	<u>nt</u>			
	STON, SUE S.		L°'	Name						
) PALMER CT (E MARY FL 32748		82		fress (P.O. Box Number is Not Acceptable)					
			83	1						
			84			FL 8		Code		
SIGNATURE					poration submits this statement for the purp ation's board of directors. I hereby accept the	oose of cha ne appointr	nging i nent as	ts registered registered		
	Signature, bypard or pointed name of registered as			ent signature requ		DATE				
12.	OFFICERS AN	ID DIRECTORS DELETE	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICER		RECTOF Change	Addition		
NAME	EASTON, SUE S.		1.1 TITLE			u	Change	L. AUGINON		
STREET ADDRESS	729 PALMER CT		1.2 NAME	T 4000FCC						
CITY-ST-ZIP	LAKE MARY FL		1.3 STREE	I ADDRESS						
TITLE	D 11 (11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DECETE	2.1 TITLE	31-217			Change	Addition		
NAME			22 NAME			,	_			
STREET ADDRESS			23 STREE	T ADDRESS						
CITY-ST-ZIP			2. 4 CHY-	ST-ZIP		167				
TITLE		DELETE	3.1 TITLE				Change	☐ Addition		
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREE	T ADDRESS						
CITY-ST-ZIP		T Divere	3.4. CITY-	ST-ZIP	PATE		01	Lane		
TITLE		☐ DELETE	4.1 TITLE			Ш	Change	☐ Addition		
NAME PROFEST ADDRESS			4. 2 NAME							
STREET ADDRESS				F ADDRESS						
CITY-ST-ZIP TITLE		DELFTE	4.4 CITY- 5.1 TITLE	51-212		П	Change	Addition		
NAME		built would be	5.2 NAME			لسا		required		
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP			5.4 CITY -							
TITLE		DELETE	6.1 TITLE				Change	Addition		
NAME			6.2 NAME				-			
STREET ADDRESS			6.3 STREE	ADDRESS						
CITY-ST-ZIP			6.4 CITY-	ST-ZIP						
44 11										

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 trusten 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

Six Earling

7/2/98

CR2E034 (10/97)