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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90039 048 ***150.00

DOCUMENT # V49005

1. Corporation Name

EASTON	AND ASSOCIATES, INC.							
Principal Place	e of Business	Mailing Address				.	INII ATAU RIBU INDI	
729 PALMER CT		729 PALMER CT						
LAKE MARY FL 32746 LAKE MARY FL 32746								
						DO NOT WRITE IN THIS SPACE		
		note nu	سنه ک	ldus	→ 3. Date Incorporated or Qualified			
					08/01/1992			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	v	Applied For	
21 do 59	Marinas Loop	26 San	<u>ر</u>		59-3134107		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-	5. Certifcate of Status Desired	1 1	5 Additional e Required	
	en /	City & State			6. Election Campaign Financing	\$5.	00 May Be	
23 Tal	Cladussie FL	28			Trust Fund Contribution	□ Add	led to Fees	
Zip	Couptry	Zip	Country	'	8. This corporation owes the curre	nt year Intangible		
Zip 24 323	03 25 Leon	29 30	5		Personal Property Tax.	□Yes	□No	
	9. Name and Address of Curren	t Registered Agent	<u> </u>		10. Name and Address of New Ro	gistered Agent		
		-	81		repuson- new	addus	0 -	
	TON, SUE S.	ತೆ	82	1	dress (P.O. Box Number is Not Acceptal			
_	PALMER CT) 02	Sileel Ad	Street Address (P.O. Box Number is Not Acceptable)			
LAKE	E MARY FL 32746		83					
			L.				Zi- Code	
			84	City		FL 85 1	Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the abov	e-named co	rporation submits this statement for the p	urpose of changin	g its registered	
office or r	registered agent, or both, in the State im familiar with, and accept the obligat	of Florida. Such change was auth	iorized by	the corpora	ation's board of directors. I hereby accept	une appointment a	is registered	
office or re agent. I a	registered agent, or both, in the State in familiar with, and accept the obligation.	of Florida. Such change was auth	iorized by	the corpora	ition's board of directors. I hereby accept	3/26/99	is registered	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP