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

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR -8 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V61776

1. Corporation Name

EASTLAND ENTERPRISES, INC.

Principal Place of Business	Mailing Address
6692 N.W. 186 St. Miami, Fl. 33015	14360 Mark Dr. Largo, Fl. 33774

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3/93

4. FEI Number: 65-0354389 — [ ] 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 the current year Intangible Personal Property Tax [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21 6692 N.W. 186 St.	26 14360 Mark Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State: 23 Miami, FL	City & State: 28 Largo, FL
Zip: 24 33015 Country: 25 Dade	Zip: 29 33774 Country: 30 Pinellas

9. Name and Address of Current Registered Agent

Thomas C. Nash, II
Intervest Bank Bldg.
625 Court St.
Clearwater, Fl. 33756

10. Name and Address of New Registered Agent

81 Name: Thomas C. Nash, II
82 Street Address (P.O. Box Number is Not Acceptable): Intervest Bank Bldg.
83 625 Court St.
84 City: Clearwater FL 85 Zip Code: 33756

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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] Thomas C. Nash 3/3/99
Signature, typed or printed name of registered agent and date required. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	XX DELETE	11 TITLE	President	X Change [ ] Add
NAME	Craig Mattis		12 NAME	Donna J. Sims	
STREET ADDRESS	6692 N.W. 186 St.		13 STREET ADDRESS	14360 Mark Dr.	
CITY-ST-ZIP	Miami, Fl. 33015		14 CITY-ST-ZIP	Largo, Fl. 33774	
TITLE		[ ] DELETE	21 TITLE	V.President	X Change [ ] Add
NAME			22 NAME	Monte C. Sims	
STREET ADDRESS			23 STREET ADDRESS	14360 Mark Dr.	
CITY-ST-ZIP			24 CITY-ST-ZIP	Largo, Fl. 33774	
TITLE		[ ] DELETE	31 TITLE	Sec/Treas.	X Change [ ] Add
NAME			32 NAME	1799 Keene Rd.	
STREET ADDRESS			33 STREET ADDRESS	Clearwater, Fl. 33757	
CITY-ST-ZIP			34 CITY-ST-ZIP	Robert G. Brown	
TITLE		[ ] DELETE	41 TITLE		[ ] Change [ ] Add
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		[ ] DELETE	51 TITLE		
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		[ ] DELETE	61 TITLE		[ ] Change [ ] Add
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

AMOUNT PAID
-03/12/99--01012--006
****150.00 ****150.00

3/18/99

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] Donna J. Sims 3/3/99 727-461-3939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (11/98)