

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000006340 (3)**

1. Corporation Name
EAF ASSOCIATES, INC.



Principal Place of Business: **15148 ANCHORAGE WAY FT. MYERS FL 33908-1811**
Mailing Address: **15148 ANCHORAGE WAY FT. MYERS FL 33908-1811**

3. Date Incorporated or Qualified: **12/13/1994**
3a. Date of Last Report: **03/17/1995**
4. FEI Number: **36-3173014**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**FORTE, EARL A
15148 ANCHORAGE WAY
FT. MYERS FL 33908-1811**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

1. NAME: **PTD FORTE, EARL A**
2. STREET ADDRESS: **15148 ANCHORAGE WAY FT. MYERS FL 33908-1811**
3. CITY, ST, ZIP: **S**
4. TITLE: DELETE
5. NAME: **FORTE, JUDITH ANN**
6. STREET ADDRESS: **15148 ANCHORAGE WAY FT. MYERS FL 33908-1811**
7. CITY, ST, ZIP: DELETE
8. TITLE: DELETE
9. NAME: DELETE
10. STREET ADDRESS: DELETE
11. CITY, ST, ZIP: DELETE
12. TITLE: DELETE
13. NAME: DELETE
14. STREET ADDRESS: DELETE
15. CITY, ST, ZIP: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE: Change Addition
2. 2. NAME: Change Addition
3. 3. STREET ADDRESS: Change Addition
4. 4. CITY, ST, ZIP: Change Addition
5. 5. TITLE: Change Addition
6. 6. NAME: Change Addition
7. 7. STREET ADDRESS: Change Addition
8. 8. CITY, ST, ZIP: Change Addition
9. 9. TITLE: Change Addition
10. 10. NAME: Change Addition
11. 11. STREET ADDRESS: Change Addition
12. 12. CITY, ST, ZIP: Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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; and 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 as an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-96 941-433-0847
DATE DATE PHONE

CR2E034 (12/95)