

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90088 036 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # F94000006340**

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 25 Country: 25  
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: 12/13/1994  
 4. FEI Number: 36-3173014 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 No

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
 TITLE: PTD  
 NAME: FORTE, EARL A  
 STREET ADDRESS: 15148 ANCHORAGE WAY  
 CITY-ST-ZIP: FT. MYERS FL 33908-1811  
 TITLE: S  
 NAME: FORTE, JUDITH ANN  
 STREET ADDRESS: 15148 ANCHORAGE WAY  
 CITY-ST-ZIP: FT. MYERS FL 33908-1811  
 TITLE: S  
 NAME: FORTE, JUDITH ANN  
 STREET ADDRESS: 15148 ANCHORAGE WAY  
 CITY-ST-ZIP: FT. MYERS FL 33908-1811  
 TITLE: S  
 NAME: FORTE, JUDITH ANN  
 STREET ADDRESS: 15148 ANCHORAGE WAY  
 CITY-ST-ZIP: FT. MYERS FL 33908-1811  
 TITLE: S  
 NAME: FORTE, JUDITH ANN  
 STREET ADDRESS: 15148 ANCHORAGE WAY  
 CITY-ST-ZIP: FT. MYERS FL 33908-1811

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE: Change Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP  
 2.1 TITLE: Change Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP  
 3.1 TITLE: Change Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP  
 4.1 TITLE: Change Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP  
 5.1 TITLE: Change Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP  
 6.1 TITLE: Change Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-1999 941/433-0847  
 Date Daytime Phone #

CR2E034 (1/98)