

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

FILED

**May 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K38715 (4)

1. Corporation Name
EASTERN SAFESKIN CORP.



Principal Place of Business 12671 HIGH BLUFF DR. SUITE 560 SAN DIEGO CA 92130 US	Mailing Address 12671 HIGH BLUFF DR. SUITE 560 SAN DIEGO CA 92130-2014 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/13/1988	3a. Date of Last Report 08/14/1996
21	26	4. FEI Number 65-0078844	Applied For <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent BRAVERMAN, NEIL K. 5100 TOWN CENTER CIRCLE SUITE 560 BOCA RATON FL 33486		10. Name and Address of New Registered Agent	
81 Name	Braverman, Neil K		
82 Street Address (P.O. Box Number is Not Acceptable)	1181 S. Rogers Circle, Ste 14		
83			
84 City	Boca Raton	85 Zip Code	FL 33487

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAVERMAN, NEIL K.	1.2 NAME	Braverman, Neil K
STREET ADDRESS	5100 TOWN CENTER CIRCLE	1.3 STREET ADDRESS	1181 S. Rogers Circle, Ste 14
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	Boca Raton FL 33487
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORASH, DAVID L.	2.2 NAME	
STREET ADDRESS	12871 HIGH BLUFF DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	SAN DIEGO CA	2.4 CITY - ST - ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, SETH S.	3.2 NAME	
STREET ADDRESS	12671 HIGH BLUFF DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	SAN DIEGO CA	3.4 CITY - ST - ZIP	
TITLE	CP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAFFE, RICHARD	4.2 NAME	
STREET ADDRESS	12671 HIGH BLUFF DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	SAN DIEGO CA	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: **SIGNATURE REQUIRED** **4/28/97** **(619) 350-2170**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)