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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(5)

DOCUMENT # 441303

BILL EISINGER,INC.

Mailing Address

Principal Place of Business

BRID MIGHNEOCK AVE

FILED Mar 14 1997 8:00am Secretary of State



TAMPA FL 336		TAMPA FL 33614-4510								
-						3. Date Incorporated or Qualified 01/01/1974	3a. Date of Last Report 03/18/1996			
2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	I	Apr	plied For	-
21		26	26			59-1497281		Nol	Applicable	
Suite, Apt.		Suite, Apt #, etc.	 			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	te	City & State	City & State			6. Election Campaign Financing	\$	5.00 r	May Be	
23		28	28			Trust Fund Contribution	Added to Fees			
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for in	r intangible tax under s. 199.032,			
24	25	29	30] Yes □ No			
	9. Name and Address of Curr	ent Registered Agent		81 1		10. Name and Address of New Reg	istered Agen	<u>t</u>		
EISINGER, (WILLIAM D), JR.					алте					
	2 N GUNLOCK AVENUE PA FL 33614		82		treet Addr	ress (P.O. Box Number is Not Acceptable	e)			-
	= 000		1	83		WW W. 1878 CARDON				
				84 C	ity		FL 85	Zip C	ode	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob-	502 and 607,1508, Florida Statu de of Florida Such change was ligations of, Section 607,0505, Fl	ites, the ab authorized lorida Statu	ove-nation the lost of the los	med corp corporal	poration submits this statement for the pulion's board of directors. I hereby accep	rpose of char the appointm	ging its ent as r	registered egistered	
SIGNATURE	Signature, typed or printed name of registered	agent and tide if applicable. (NO	(E Registered	Agent s	mature requi	red when relistating)	DATE			
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRI	CTORS	3 IN 12	t
TITLE	PD	☐ DELETE	11 111	.F			C	hange	Addition	18
NAME	EISINGER (WILLIAM D.)JR		1.2 NA	ΜE]
STREET ADDRESS	6812 N GUNLOCK AVENUE		1.3 STF	EET ADD	RESS					ŀ
CITY-ST-ZIP	TAMPA FL 33614		1.4 011	Y - ST - ZI	>					3
TITLE	VS	DELETE	2.1 III	.E			Ü	hange	Addition	۱۲
NAME	EISINGER (CONSTANCE J.)		2.2 NAI	/F						-
STREET ADDRESS	6812 N GUNLOCK AVENUE		2.3 STF		RESS					l
CITY-ST-ZIP	TAMPA FL 33614		2 4 CI	Y-S1-7	Р					l
TITLE	D COMOTANOE I	☐ DÉLETE	3 1 1111	E.			□ ċ	hange	Addition	
NAME	EISINGER, CONSTANCE J.		3.2 NAI	ΛĹ						
STREET ADDRESS	6812 N GUNLOCK AVENUE		3 3 STR	EET ADD	RESS					
CITY-ST-ZIP	TAMPA FL 33614			3 4. CITY - ST - ZIP						
TITLE				4.1 Tull			□ c	nange	Addition	
NAME			4. 2 NA							
STREET ADDRESS			4.3 S1H	GDA 133	RESS					
CITY-ST-ZIP			4.4 CITY -		-					
TITLE		☐ DELF1E	5.1 TITU				☐ C	iange	Addition	
NAME				5.2 NAME						
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CITY-ST-ZIP				5.4 CITY - \$1 - 7IP						
TITLE		□ parne		6.1 TITLE			∐ CI	iange	Addition Addition	
NAME			6.2 NAN		1					
STREET ADDRESS			6.3 S14	EET ADDI	KESS					
CITY-ST-ZIP			6.4 0111	-\$1-70						l

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.