

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:45

DOCUMENT # **P94000048350 (0)**

1. Corporation Name

EAGLE PRODUCTS OF SOUTH FLORIDA INC

Principal Place of Business

**221 NW 1ST AVE
HALLANDALE FL 33009**

Mailing Address

**221 NW 1ST AVE
HALLANDALE FL 33009**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0505805

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

24

6. This corporation has liability for intangible tax under § 199.032,
Florida Statutes ☒ Yes ☐ No

25

Locality

27

City & State

28

City & State

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DIMEOLA, JERRY
221 NW 1ST AVE
HALLANDALE FL 33009**

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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 (must be printed name of registered agent and the filer)

Signature (Registered Agent signature required when necessary)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

DIMEOLA, JERRY

STREET ADDRESS

221 NW 1ST AVE

CITY, ST, ZIP

HALLANDALE FL 33009

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

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CITY, ST, ZIP

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CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), 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 my name were written, that I am an officer or director of the corporation or the member 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: X

Jerry Dimeola
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

6/1/95
Date

1-302-457-5568
Telephone No.