

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90006 046 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT



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

1999

DOCUMENT # 548815

1. Corporation Name

FLORIDA EAGLE INDUSTRIES, INC.

Principal Place of Business

**4000 N. E. 10TH WAY
POMPANO BEACH FL 33064-2199**

Mailing Address

**4000 N. E. 10TH WAY
POMPANO BEACH FL 33064-2199**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1977

4. FEI Number

59-1773471

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.



Yes



No

9. Name and Address of Current Registered Agent

**LEONARD, GLENN C.
4875 N. FEDERAL HWY., 10TH FLR.
FT. LAUDERDALE FL 33308**

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 **P** ☐ DELETE

NAME **STEFANIK, ROBERT**
STREET ADDRESS **911 S.W. 17TH ST.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **S** ☐ DELETE

NAME **STEFANIK, SHIRLEY**
STREET ADDRESS **911 S.W. 17TH ST.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **V** ☐ DELETE

NAME **STEFANIK, RICHARD**
STREET ADDRESS **7705 NW 20TH STREET**
CITY-ST-ZIP **MARGATE FL**

TITLE **V** ☐ DELETE

NAME **STEFANIK, MICHAEL**
STREET ADDRESS **773 ST. ALBANS DR.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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 **V**
3.3 STREET ADDRESS **STEFANIK, RICHARD**
3.4 CITY-ST-ZIP **4155 NW 67TH TERRACE**
CORAL SPRINGS, FL 33067

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **V**
4.3 STREET ADDRESS **STEFANIK, MICHAEL**
4.4 CITY-ST-ZIP **450 SW 6TH AVE.**
BOCA RATON, FL 33486

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.

SIGNATURE:

Michael R. Stefanik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/12/99 (954) 941-4414

CR2E034 (5/99)