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Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90060 049 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F10845

1. Corporation Name

EAGLE BAY MANAGEMENT AND CONSULTING, INC.

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Principal Place	of Business	Mailing Address			()BR(IBE stat (IRI) BBIR (BIR) BIR SAM BIR	91611 91811 91911 9		
1761 W HILLSBORO BLVD		1761 W HILLSBORO BLVD						j
401		401			DO NOT WRITE IN THIS SPACE			
DEERFIELD BEACH FL 33442 US		DEERFIELD BEACH FL 33442 US			3. Date Incorporated or Qualifed			
US		00			12/02/1980			
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
21 Z1	ace of business	26			59-2085517		t Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		•	_	\$8.75	Additional	i
22		27			5. Certifcate of Status Desired	Fee Re	quired	
City & State	e This and The	- City & State	. + 9 ~~ ~		6. Election Campaign Financing	- \$5.00	May Be	<u> </u>
23	·	28			Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year Ir			
24	25	29	30	,	Personal Property Tax.	☐Yes	□No	
	9. Name and Address of Current	Registered Agent		Dd Name	10. Name and Address of New Registered	Agent		
CAS	TELLANO WILLIAM			81 Name				
	TELLANO, WILLIAM I W HILLSBORO BLVD			82 Street Add	dress (P.O. Box Number is Not Acceptable)			
	E 401			83				
	RFIELD BEACH FL 33442							
	11 120 00101112 00112			84 City	F	85 Zip (Code	
44 13	to the manifelene of Continue 607 0503	and 607 1509 Florida Stat	utae the a	hove-named cor	moration submits this statement for the ourpose of	f changing its	registered	
office or n	egistered agent, or both, in the State 0	of Florida: Such change was	authorized	a by the corporat	tion's board of directors. I hereby accept the appe	ointment as re	gistered	
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, F	iorida Stat	utes.	,			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	J Agent signature requi	ired when reinstating) DATE			ء
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	11/98)
TITLE	PD	☐ DELETE	1.1 1	TLE		Change	Addition	1
NAME	CASTELLANO, WILLIAM		1.2 N	AME				F034
STREET ADDRESS	1761 W HILLSBORO BLVD		1.3 S	TREET ADDRESS	Suite 401		Í	ű
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		1.4 C	JTY-ST-ZIP				à
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CITY-ST-ZIP				TREET ADDRESS			İ	
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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 officer or director of the corporation of the receiver or trustee of Block 12 or Block 13 if changed, or on an attachment with an

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR