

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90255 018 ***150.00

0001062

DOCUMENT # **F95000000522**

1. Corporation Name
EAGLE FINANCIAL ASSOCIATES, INC.

Principal Place of Business
4126 NORLAND AVENUE
BURNABY, BC V5G3S8 CANADA

Mailing Address
4126 NORLAND AVENUE
BURNABY, BC V5G3S8 CANADA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/31/1995

4. FEI Number
62-1527687

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ASD
NAME HYNDMAN, PETER S
STREET ADDRESS 4126 NORLAND AVENUE
CITY-ST-ZIP BURNABY, B.C. V5G 3S8 ☐ DELETE

1.1 TITLE SD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE P
NAME BALLANTYNE, W. GRANT
STREET ADDRESS 4126 NORLAND AVENUE
CITY-ST-ZIP BURNABY, B.C., CANADA V5G -3S8 ☒ DELETE

2.1 TITLE PT ☐ Change ☒ Addition
2.2 NAME Hawes, Dwight K.
2.3 STREET ADDRESS 4126 Norland Avenue
2.4 CITY-ST-ZIP Burnaby, BC Canada V5G 3S8

TITLE V
NAME MAYES, HERBERT A
STREET ADDRESS 1003 EAST MAIN STREET
CITY-ST-ZIP MORRISTOWN TN 37814 ☒ DELETE

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Wagler, Paul
3.3 STREET ADDRESS 4126 Norland Avenue
3.4 CITY-ST-ZIP Burnaby, BC Canada V5G 3S8

TITLE ST
NAME SCHAEFER, F. DUANE
STREET ADDRESS 4801 WOODWAY, SUITE 375W
CITY-ST-ZIP HOUSTON TX 77303 ☒ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME LOEWEN, RAYMOND L
STREET ADDRESS 4126 NORLAND AVENUE
CITY-ST-ZIP BURNABY, B.C. V5G 3SG ☒ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Peter S Hyndman

4/12/99

(604) 299-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)