

F96000004890

TO: Qualification/Tax Lien Section
Division of Corporations

500001956235
-09/25/96--01049--002
*****70.00 *****70.00

SUBJECT: EAGLE ENTERPRISES, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Mark S. Hayek
(Name of Person)

EAGLE ENTERPRISES, INC.
(Firm/Company)

2517 HIGHWAY #35 BUILDING C, SUITE #101
(Address)

Manassas, New Jersey, 08136
(City/State/Zip)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 SEP 24 AM 8:03

mtm

Should you need to call someone concerning this matter, please call:

Mark S. Hayek at (908) 528-0909 DAY
(Name of Person) (Area Code & Daytime Telephone Number)
(908) 528-5447 NIGHT

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS: ✓

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

September 3, 1996

MARK S. HAYEK
%EAGLE ENTERPRISES, INC.
2517 HIGHWAY #35 BLDG C, STE #101
MANASQUAN, NJ 08736

SUBJECT: EAGLE ENTERPRISES, INC.
Ref. Number: W96000018402

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We have received your document for EAGLE ENTERPRISES, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$70.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6097.

Michael Mays
Document Specialist

Letter Number: 596A00041277

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

1. EAGLE ENTERPRISES, Incorporated
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. New Jersey 3. 22-3348517
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. JAN. 3 1995. 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 2961 Placida Road, Unit 11 ENGLEWOOD, FL
(Current mailing address)
8. GENERAL CONTRACTING
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

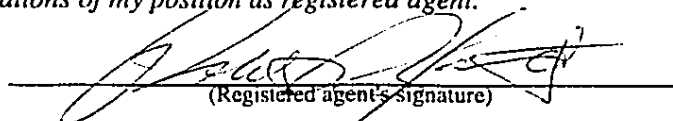
Name: ROBERT BINFORD

Office Address: 2961 Placida Road Unit 11

ENGLEWOOD, Florida, 34224
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

A. DIRECTORS (Street address only- P. O. Box **NOT** acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box **NOT** acceptable)

President: ROBERT BINFORD

Address: 811 OCEAN ROAD
SPRING LAKE HEIGHTS, N.J.

Vice President: MARK S. HAYEK

Address: 103 MANITO RD.
MANASQUAN NJ. 08736

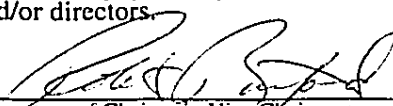
Secretary: ROBERTA M. HAYEK

Address: 103 MANITO RD.
MANASQUAN, N.J. 08736

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ROBERT BINFORD, PRESIDENT
(Typed or printed name and capacity of person signing application)

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NEW JERSEY SECRETARY OF STATE

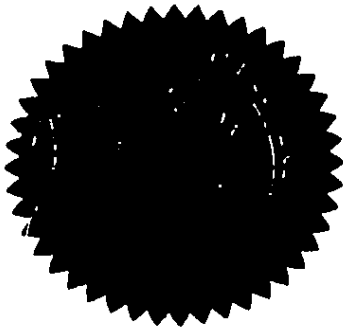
EAGLE ENTERPRISES INC.

I, THE SECRETARY OF STATE OF THE STATE OF NEW JERSEY, DO HEREBY CERTIFY THAT THE RECORDS OF THIS OFFICE SHOW THAT THE CHARTER/AUTHORITY OF THE ABOVE-NAMED NJ BUSINESS WAS FILED IN THIS OFFICE ON JAN. 03, 1995.

I FURTHER CERTIFY, THAT SO FAR AS THE RECORDS OF THIS OFFICE SHOW, SAID BUSINESS HAS NOT BEEN DISSOLVED, CANCELLED, OR WITHDRAWN, NOR HAS ITS CHARTER/AUTHORITY BEEN VOIDED/REVOKED FOR NON-PAYMENT OF STATE TAXES BY PROCLAMATION. IT NOW CONTINUES TO MAINTAIN ACTIVE STATUS WITHIN THE STATE OF NEW JERSEY. AT THE TIME OF THE ISSUANCE OF THIS CERTIFICATE, ANNUAL REPORTS ARE CURRENT.

I FURTHER CERTIFY THAT THE LOCATION OF THE REGISTERED OFFICE IS
25.7 HWY 35
SUITE C101
MANASQUAN NJ 08736
AND THE REGISTERED AGENT IS ROBERT BINFORD.

SEP. 13, 1996



Donna R. F...

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SECRETARY OF STATE
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95 SEP 21 AM 8:03