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CORPORATION ANNUAL REPORT 1995



FLOSIDA DEPARTMENT CE STATE Sundra B. Albritam Secretary of State DIVISION OF CORPORATIONS.

DOCUMENT # G70826

(4)

## APPROVED

95 APR 21 PM 1:45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

EYAL ENTERPRISES, INC.											
Principal Place of Business Mailing Address											
927 FERN ST., STE. 200			927 FERN ST., STE. 200								
ALTAMONTE SPRINGS FL 32701			ALTAMONTE SPRINGS FL 32701 US			DO NOT WRITE IN THIS SPACE.					
							3.	Date Incorporated or Qualified	!	of Last i	•
A 0	I D i-	<del></del>	1 On Market Address				Ļ	11/21/1983	04	/27/199	
2. Principal Pt	ace of Busin	less	2a. Mailing Address				₹.	FEI Number			Applied For Not Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				├	59-2355126		\$8.7	5 Additional
22			27			5.	Certificate of Status Desired			Required	
City & State	0		City & State			6.	Election Campaign Financing			O May Be	
23		<del></del>	28				<u> </u>	Trust Fund Contribution			ed to Fees
Zip		Country 25	7in	<del>}</del>	wiry		8.	This corporation has liability for Florida Statutes Yes		ax under S	3 199 032,
24	o Name	and Address of Current	29 Registered Agent	30	<del></del>	··	10	Name and Address of New R		Agent	
	9, 1441111	Bill Addition of Continu	rogiaterea Agent		81	Name	10.	THE COLUMN TO THE TENT	9,515155		
EYAL, VIC	YTOR A					D		O Dan Manharia Nat Assessable	1-1		
	WN POINT	CIRCLE			82 Street Add		IS (P.	O. Box Number is Not Acceptab	iej		
	OD FL 327				83						
					84	City	-			85 Z	ip Code
			1607 4600 51 11 01 4	- 44			<del></del>		FL		
or register	red agent, or	both, in the State of Florida	. Such change was authorize	ed by the o	ive-na corpo	amed corporat oration's board	on s of di	submits this statement for the pur irectors. I hereby accept the appo	pose oi ch ointment as	anging its registere	registered office d agent. I am
familiar wit	th, and acce	pt the obligations of, Section	607.0505, Florida Statutes.	•							
SIGNATURE _	Cionatus hered	or printed name of registered agent an	titis il ancientis (M)	IE: Question	Anont	signature required w	thon m	Artefolio A	DATE		
12.	Signature, typod	OFFICERS AND		13.	700.	a application of the contract of		ADDITIONS/CHANGES TO OFFI		DIRECTO	ORS IN 12
TITLE	DVPS			1, 11	ITI E			1	-	Chang	e Addition
	EYAL, VICTOR A			1,11	IILE	12 NAME					
NAME		CTOR A				i					
	EYAL, VI	CTOR A WN POINT CIR.		121	AME	ADDRESS					
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and occurate and that my signature shall have the same legal effect as if made under only that a man effector or director of the corporation or the receiver or turbed 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 altergramment with an address.

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VICTOREYAL, DIR. 4/14/95 407-831-2223