

PLEASE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortman

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **G78625** (2)

1. Corporation Name

EAGLE HOLDING, INC.

Principal Place of Business

**1451 CHANNELSIDE DRIVE
4TH AVENUE & 13TH STREET
P.O. BOX 75305
TAMPA FL 33675 33605**

Mailing Address

**4TH AVENUE & 13TH STREET
P.O. BOX 75305
TAMPA FL 33675**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

01/13/1984

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2440980

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 has liability for intangible tax under S. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOLINER, NATHANIEL L.
ONE HARBOUR PLACE, FIFTH FLOOR
TAMPA FL 33602**

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 607.1506, 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 (Type or printed name of registered agent and title if applicable)

NOTE: Registered Agent's signature required when re-registering.

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|------------------------|
| 1. TITLE | PD |
| 2. NAME | NOOJIN, ROBERT L. |
| 3. STREET ADDRESS | 4TH AVE & 13TH STREET |
| 4. CITY - ST - ZIP | TAMPA FL |
| 1. TITLE | ST |
| 2. NAME | FRIEDMAN, FREDERICK M. |
| 3. STREET ADDRESS | 122 EAST 42ND STREET |
| 4. CITY - ST - ZIP | NEW YORK, NY. |
| 1. TITLE | CD |
| 2. NAME | FIELDS, DOUGLAS P. |
| 3. STREET ADDRESS | 122 EAST 42ND STREET |
| 4. CITY - ST - ZIP | NEW YORK NY |
| 1. TITLE | ST |
| 2. NAME | SKROTSKY, STEVEN R. |
| 3. STREET ADDRESS | 4TH AVE & 13TH STREET |
| 4. CITY - ST - ZIP | TAMPA FL |
| 1. TITLE | |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY - ST - ZIP | |
| 1. TITLE | |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY - ST - ZIP | |

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

33605

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

VTSD

Change

Addition

10168

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Change

Addition

10168

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

AS/AT

Change

Addition

33605

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

200001804352
--05/02/96--01014--034
***200.00

Change

Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change

Addition

I do hereby certify that the information supplied with this filing is truthfully 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 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 10 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

FREDERICK M. FRIEDMAN

SIGNATURE AND TYPE OF REGISTERED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96 (42) 970-151

97-26