

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

**FILED**  
**May 05 1997 8:00am**  
**Secretary of State**



**PROFIT CORPORATION ANNUAL REPORT 1997**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # G78625 (2)**  
 1. Corporation Name  
**EAGLE HOLDING, INC.**



Principal Place of Business  
**1451 CHANNELSIDE DRIVE TAMPA FL 33605**

Mailing Address  
**PO BOX 75305 TAMPA FL 33675-0305**

3. Date Incorporated or Qualified **01/13/1984** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-2440980		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DOLINER, NATHANIEL L.</b> <b>ONE HARBOUR PLACE, FIFTH FLOOR</b> <b>TAMPA FL 33602</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>NOOJIN, ROBERT L.</del>	1.2 NAME	
STREET ADDRESS	<del>4TH AVE &amp; 13TH STREET</del>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<del>TAMPA FL 33605</del>	1.4 CITY-ST-ZIP	
TITLE	VTSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, FREDERICK M.	2.2 NAME	VTSD
STREET ADDRESS	122 EAST 42ND STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY. 10168	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDS, DOUGLAS P.	3.2 NAME	CD/P
STREET ADDRESS	122 EAST 42ND STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10168	3.4 CITY-ST-ZIP	
TITLE	ASAT	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKROTSKY, STEVEN R.	4.2 NAME	AS/AT
STREET ADDRESS	4TH AVE & 13TH STREET	4.3 STREET ADDRESS	1451 CHANNELSIDE DRIVE
CITY-ST-ZIP	TAMPA FL 33605	4.4 CITY-ST-ZIP	TAMPA, FL 33605
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	AS/AT
STREET ADDRESS		5.3 STREET ADDRESS	DENNIS J. PALIAGA
CITY-ST-ZIP		5.4 CITY-ST-ZIP	1451 CHANNELSIDE DRIVE
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CR2E034 (9/96)