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

STREET ADDRESS

CITY-ST-ZIP

FILED PROFIT Apr 30 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **19**98 DIVISION OF CORPORATIONS DOCUMENT # G78625 (2)EAGLE HOLDING, INC. Principal Place of Business Mailing Address 1451 CHANNELSIDE DRIVE PO BOX 75305 **TAMPA FL 33675** TAMPA FL 33605 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/13/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2440980 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DOLINER, NATHANIEL L. ONE HARBOUR PLACE, FIFTH FLOOR Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33602** 83 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 12. 13. Addition DELETE Change VISD TITLE 1.1 TITLE NAME FRIEDMAN, FREDERICK M. 1.2 NAME 122 EAST 42ND STREET STREET ADDRESS 1.3 STREET ADDRESS NEW YORK, NY. 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE CDP Change TITLE 2.1 TITLE FIELDS, DOUGLAS P. NAME 2.2 NAME 122 EAST 42ND STREET STREET ADDRESS 2.3 STREET ADDRESS **NEW YORK NY** 2. 4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change TITLE ASAT 3.1 TITLE SKROTSKY, STEVEN R. 3.2 NAME **1451 CHANNELSIDE DRIVE** STREET ADDRESS 3.3 STREET ADDRESS كە 36 ك TAMPA FL CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE Change TITLE ASAT 4.1 TITLE PALIAGA, DENNIS J. NAME 4. 2 NAME 1451 CHANNELSIDE DRIVE STREET ADDRESS 4.3 STREET ADDRESS 3 3605 TAMPA FL 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

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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 supplymental arrival 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 true exemption execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an address.