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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G93282

1. Corporation Name

ZEAGLE SYSTEMS, INC.

Principal Place of Business		Mailing Address					
37150 CHANCEY RD ZEPHRYHILLS FL 33541		37150 CHANCEY RD ZEPHRYHILLS FL 33541					
		ZEPTINITRILLO PE 33341			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					03/26/1984		
a Principal Pla	ace of Business	2a. Mailing Address	-		4, FEI Number	Apr	olied For
i ' '	ace of Business	26			59-2392795	Not	Applicable
Suite, Apt. #	tt etc	Suite, Apt. #, etc.	·			\$8.75 A	dditional
— ' ' '	-, G.C.	27			5. Certificate of Status Desired	Fee Re	quired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
	7				Trust Fund Contribution	Added to	•
7in	Zip Country Zip		Country		8. This corporation owes the current year Int	tangible	
—— ·	25	29 30			Personal Property Tax.	ŬYes	□No
24	9 Name and Address of Curren		<u> </u>		10. Name and Address of New Registered	Agent	
	9. Hallie and Address of Garles		81	Name			
BULIN, DENNIS G.							
37150 CHANCEY RD ZEPHYRHILLS FL 33541			82	82 Street Address (P.O. Box Number is Not Acceptable)			
			83			- 	
2011	11141122012 30071		33				
			84	City	FL	85 Zip C	Code
	(0 5 - 007 050	22 and 607 4509 Florida Statutos t	the above	-named co	in the state and for the number of	f changing its	registered
office or re	to the provisions of Sections 607.050 agistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such channe was author	IIIZEU DV	THE COLDOLO	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	intment as reg	gistered
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered age	TOTAL DESCRIPTION OF THE PROPERTY OF THE PROPE	istered Agen	t signature requ	uired when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO Change	Addition
TITLE	PST	☐ DELETE	1.1 ΠΠLE		,	☐ Charige	Addition
NAME	BULIN, DENNIS G.		1.2 NAME	Ì			
STREET ADDRESS	29238 CITRUS TRACE WAY		1.3 STREET	TADDRESS			
CITY-ST-ZIP	WESLEY CHAPEL FL		1.4 CITY-S	T-ZIP			
TITLE	V	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	JAMES, JOSEPH P.	22			· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS	CONTRACT AND AND CONTRACT OF C		2.3 STREET	T ADDRESS			
			2.4 CITY-S	T-71P	the state of the s	- / :	
CITY-ST-ZIP TITLE	201012	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
				TADDRESS			
STREET ADDRESS			3.4. CITY-5				
CITY-ST-ZIP			4.1 TITLE			Change	☐ Addition
TITLE		_	4. 2 NAME			•	
NAME							
STREET ADORESS				TADORESS			
CITY-ST-ZIP		ET DELETE	4.4 CITY-S	I-ZIP		☐ Change	Addition
TITLE	- -	☐ DELETE	5,1 TITLE 5,2 NAME			i Sumide	
NAME							
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5,4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE	1		Change	☐ Addition
l			6.2 NAME				

4. 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-99 813-782-5568

FILED

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90115 007 ***150.00

Daytime

CR2F034 (11/98)