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PROFIT CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #**

H50597

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E.A.G.C. CORP.



1582 S. E. TH	. Catalogna IIRD Court Each Fl. 33441-4419	C/O MICHAEL CATA 1582 S. E. THIRD CO DEERFIELD BEACH (DURT		3. Date incorporated or Qualified	3a. Date of Last F	Report
					04/04/1985	04/14/19	•
2. Principal Pla	ice of Business	2a, Mailing Address			4. FEI Number		Applied For
		26			59-2614699		Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired		5 Additional Required
Crty & State		City & State			Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip	Country 25	Zip 29	Countr 30	у	8. This corporation has liability for Florida Statutes Yes	intangible tax under :	s 199.032,
	9, Name and Address of Curr	hh			10. Name and Address of New F	legistered Agent	
			81	Name			
	GNA, MICHAEL A. OXBOROUGH LANE		82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
17004 FC	DABONOUGH LANE		83	3			
BOCA RATON FL 33434			84	1 Orty		FL 85	Zip Code
or registen familiar wit SIGNATURE	ed agent, or both, in the State of He In, and accept the obligations of, Sc	osda, Such change was autho uchen 607.0505, Florida Statu	onzed by the cor les.	porar on s boa	oration submits this statement for the pu and of directors. I hereby accept the app	ointment as registers	ad agent. I am
	Skylature fyther or printed case of regions (a)		MITE BOD SON A	erri piglicat iro cer forte	ADDITIONS/CHANGES TO OFF		ORS IN 12
12.	T	AND DIRECTORS	13.	:	ABOITIONS/GHANGES TO OFF	☐ Change	
17LE	D		1 : 1113 8				
	-		1 2 NAME				
	CATALOGNA, MICHAEL	E	1.2 NAME	ŀ			
TREET ADDRESS	CATALOGNA, MICHAEL 17854 FOXBOROUGH LAN	E	135166	ET ADDRESS			
TREET ADDRESS	CATALOGNA, MICHAEL	E DELETE		ET ADDRESS - ST-ZIP		☐ Change	e Addition
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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: Mahy We and type of Printed Name of Signing Officer or Director. Catalogna 1/10/56 305-427.03/3