FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J78371** **(8)**

1. Corporation Name

BALD EAGLE PLAZA, INC.

Principal Place of Business	Mailing Address
855 BALD EAGLE DRIVE. P.O. BOX 167 3396 MARCO ISLAND FL 33937-1576	855 BALD EAGLE DRIVE. P.O. BOX 167 3396 MARCO ISLAND FL 33937-1576

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/18/1987**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): County (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): County (30)

4. FEI Number: **59-2820221** ☐ 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

KRAMER, FREDERICK C.
950 N. COLLIER BLVD
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name: Adele Rodriguez
82 Street Address (P.O. Box Number is Not Acceptable)
83: 855 Bald Eagle Dr.
84 City: Marco Island **FL** 85 Zip Code: 33937

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. Each 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] Adele Rodriguez 4/25/95
Signature, typed or printed name of registered agent and date of signing (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	11 TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, JORGE F.	12 NAME		
STREET ADDRESS	1208 SAMOA AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	ISLAND FL	14 CITY-ST-ZIP		
TITLE	S	21 TITLE	S-T	☒ Change ☐ Addition
NAME	RODRIGUEZ, ADELE.	22 NAME		
STREET ADDRESS	1208 SAMOA AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	ISLAND FL	24 CITY-ST-ZIP		
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	CANADY, ARTHUR E.	32 NAME		
STREET ADDRESS	181 OCEAN REEF LANE.	33 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: [signature] Adele Rodriguez 4/25/95 (813) 394-1304
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WITH AUTHORITY TO SIGN ON BEHALF OF CORPORATION OR LIMITED LIABILITY COMPANY — Date — Daytime Telephone #

03/1340 CP