FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

K16646 **DOCUMENT #**

(7)

Principal Place 2855 66TH SW NAPLES	Y EAGLE, INC. of Business	Mailing Addr 2855 66TH SW NAPLE			~ ····			
							ate of Last Report	
2. Principal Pl	ace of Business	2a. Mailing A	2a. Mailing Address			4. FEI Number	05/18/1995 Applied For	
21		26	6			65-0030102	Not Applicable	
Suite, Apt.		Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e	City & Sta	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zφ			Zip Country		y	8. This corporation has liability for intangible		
24	25					Florida Statutes Yes No	tox direct 3 155.002,	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
RUMBERGER, WILSON J. 2855 66TH ST SW NAPLES FL 33999				81 82 83	Street A	dress (P.O. Box Number is Not Acceptable)		
SIGNATURE	to the provisions of Sections 607.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect Signature, based or printed make of rejistived agent			above he corp	named cor poration's t	Pration submits this statement for the purpose of card of directors. Thereby accept the appointment and when renstating to pate.	hanging its registered office as registered agent. I am	
12.		D DIRECTORS			in a greating tex	ADDITIONS/CHANGES TO OFFICERS AN	DATE DESCRIPTION OF THE PROPERTY OF THE PROPE	
TITLE	DP		DELETE	1. 1 TITLE	1		☐ Change ☐ Addition	
NAME	RUMBERGER, EDWARD A.		1	1.2 NAME	ĺ			
STREET ADDRESS	1400 GULF SHORE BLVD.		1.3		T ADDRESS			
CITY-ST-ZIP	NAPLES FL			.4 CHY-	ST-ZIP		3	
TITLE	DST	<u> </u>	DELETE 2	1 TITLE			Change Addition	
NAMÉ	RRUMBERGER WILSON J			2 2 NAME				
STREET ADDRESS				23 STREET ADDRESS				
CITY-ST-ZIP TITLE	NAPLES FL			24 CHY-ST-ZIP				
NAME		اليا		1 TITLE			Change Addition	
STREET ADDRESS				.2 NAME	ŀ			
ľ					1 ADDRESS		}	
CITY-ST-ZIP TITLE				4 CITY - S	S1 - ZIP			
NAME		Üı		1 TITLE			Change Addition	
STREET ADDRESS			1	.2 NAME				
CITY-ST-ZIP					ADDRESS			
TITLE		n.		4 CITY - 9	ST - ZIP		F 0.	
NAME		ا ا		3 TITLE 2 NAME			Change Addition	
			1 5	C NAME				

64 CITY-, 14. I do hereby certify that the informatio certify that the information indicates of oath; that I am an officer or director appears in Block 12 or Block 11 if policed with this filing is voluntarily furnished and design and qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further his annual eport or supplemental annual report is true find accurate and that my signature shall have the same legal effect as if made under a compart ion or the regiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 1, or or an attaching it with yie address.

5.3 STREET ADDRESS

635mset Address

5.4 CHY-ST-ZIP

6 1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Change

Addition