

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90239 029 ***150.00

DOCUMENT # K71399

1. Corporation Name

GOLDEN EAGLE CUSTOMS BROKERS, INC.

Principal Place of Business

11700 N.W. 100TH RD.
SUITE 4
MEDLEY FL 33178

Mailing Address

11700 N.W. 100TH RD.
SUITE 4
MEDLEY FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1989

4. FEI Number

65-0105819

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDC
NAME WESTON, PATRICK H
STREET ADDRESS 120 STANDIFER DR.
CITY-ST-ZIP HUMBLE TX ☒ DELETE

TITLE SD
NAME NODORFT, DONALD A
STREET ADDRESS 120 STANDIFER DR.
CITY-ST-ZIP HUMBLE TX ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DC ☐ Change ☒ Addition
1.2 NAME Para, Daniel
1.3 STREET ADDRESS 790 Busse Rd.
1.4 CITY-ST-ZIP Elk Grove Village, IL 60007

2.1 TITLE DV ☐ Change ☒ Addition
2.2 NAME Ellis, C.I.
2.3 STREET ADDRESS 9700 Higgins Rd. Ste 570
2.4 CITY-ST-ZIP Rosemont, IL 60018

3.1 TITLE DV ☐ Change ☒ Addition
3.2 NAME Post, Gerald
3.3 STREET ADDRESS 790 Busse Rd.
3.4 CITY-ST-ZIP Elk Grove Village, IL 60007

4.1 TITLE V ☐ Change ☒ Addition
4.2 NAME Wascher, William
4.3 STREET ADDRESS 790 Busse Rd.
4.4 CITY-ST-ZIP Elk Grove Village, IL 60007

5.1 TITLE S ☐ Change ☒ Addition
5.2 NAME Pagano, Richard C.
5.3 STREET ADDRESS 9700 Higgins Rd. Ste 570
5.4 CITY-ST-ZIP Rosemont, IL 60018

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donorft

4/30/99

281-446-2656

Date

Daytime Phone #

CR2E034 (11/98)

0257063