

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L88118** (9)

1. Corporation Name:

EAGLE CAPITAL, INC.

Principal Place of Business:

**600 SW FOURTH AVE
FT LAUDERDALE FL 33315**

Mailing Address:

**600 SW FOURTH AVE
FT LAUDERDALE FL 33315**

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or organized: **07/20/1990** 3a. Date of Last Report: **04/26/1994**

4. FID Number: **65-0216933** Applied For: ☐ Not Applicable: ☐

5. Certificate of Status Limited: ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees

7. This corporation has adopted the uniform franchise law: ☐ Yes ☒ No

2. Principal Place of Business: 2a. Mailing Address:
517 SW 1ST AVE **517 SW 1ST AVE**

22. State: **FL** 27. State: **FL**

23. City & State: **FT. Lauderdale, FL** 28. City & State: **FT. Lauderdale, FLA**

24. Zip: **33301** 25. Country: **USA** 29. Zip: **33301** 30. Country: **USA**

9. Name and Address of Current Registered Agent

**RENZETTI, DIANE
600 SW FOURTH AVE
FT LAUDERDALE FL 33315**

10. Name and Address of New Registered Agent

81. Name: **GLENN R. MEE, ESQ.**
82. Street Address (P.O. Box Number is Not Acceptable): **517 SW FIRST AVENUE**
83. City: **FT. Lauderdale** FL 85. Zip Code: **33301**

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the address above stated, and that it is authorized by the corporation's board of directors to thereby accept the appointment as registered agent. I am

SIGNATURE: *[Signature]* **Glenn R. mee** 2/3/95

12. OFFICERS AND DIRECTORS

NAME	PDS
NAME	STEKLOF, HOWARD
STREET ADDRESS	600 SW FOURTH AVE
CITY & STATE	FT LAUDERDALE FL
NAME	STEKLOF, HOWARD
STREET ADDRESS	600 SW FOURTH AVE
CITY & STATE	FT. LAUDERDALE FL
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	HOWARD STEKLOF c/o Glenn mee	☒ Change ☐ Addition
STREET ADDRESS	517 SW FIRST AVE	
CITY & STATE	FT. Lauderdale, FL 33301	
NAME	HOWARD STEKLOF c/o Glenn mee	☒ Change ☐ Addition
STREET ADDRESS	517 SW FIRST AVE	
CITY & STATE	FT. Lauderdale, FL 33301	
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY & STATE		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY & STATE		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY & STATE		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law 1993-104, Florida Statutes. Further, I certify that the information included 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 signers are officers or directors of the corporation or the manager or trustee (employee) for most of the report as required by Chapter 601, Florida Statutes, and that my name appears on the back of the filing. I hereby certify my attachment with an affidavit.

SIGNATURE: *[Signature]*
by: **Howard Steklof, Pres**
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

4/24/95 1-800-895-9823