

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 24 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # M93468 (0)  
1. Corporation Name  
EAGLE ONE INSURANCE & FINANCIAL SERVICES, INC.

## Principal Place of Business

C/O GAIL A. CONIGLIONE  
4511 S.W. 6TH AVE.  
CAPE CORAL FL 33914  
US

## Mailing Address

P O BOX 32395  
4511 S.W. 6TH AVE.  
PALM BEACH GARDENS FL 33420-2395  
US

## 3. Date Incorporated or Qualified

08/04/1988

## 3a. Date of Last Report

05/01/1996

## 2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24 25

## 2a. Mailing Address

26 P.O. Box 32395  
Suite, Apt. #, etc.

27 City &amp; State

28 Palm Beach Gdns, FL  
Zip Country

29 33420-2395 30 USA

## 4. FEI Number

65-0122352

## Applied For

Not Applicable

## 5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

## 9. Name and Address of Current Registered Agent

GAIL A. CONIGLIONE  
4511 SW 6TH AVENUE  
CAPE CORAL FL 33914

## 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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE D  
NAME CONIGLIONE, GAIL A.  
STREET ADDRESS 4511 SW 6TH AVE.  
CITY - ST - ZIP CAPE CORAL FL  
☐ DELETETITLE D  
NAME CONIGLIONE, FRANK  
STREET ADDRESS 4511 SW 6TH AVE.  
CITY - ST - ZIP CAPE CORAL FL  
☐ DELETETITLE D  
NAME FRAZZETTA, AGATHA  
STREET ADDRESS 44 MINNA ST.  
CITY - ST - ZIP STATEN ISLAND NY  
☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
☐ Change ☐ Addition2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
☐ Change ☐ Addition3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
☐ Change ☐ Addition4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
☐ Change ☐ Addition5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
☐ Change ☐ Addition6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
☐ Change ☐ Addition

14. I do 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.

## SIGNATURE:

Gail A. Coniglione  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/97

561-745-9564

CR2E034 (9/96)