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FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P38034** (5)
1. Corporation Name
EAGLE INSURANCE COMPANY



Principal Place of Business
**7640 SOUTHGATE BLVD.
SUITE #4
NORTH LAUDERDALE FL 33068
US**

Mailing Address
**100 CHARLES LINDBERGH BLVD
UNIONDALE NY 11553-3631
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 **999 STEWART AVENUE**

Suite, Apt. #, etc.

27 City & State

28 **BETHPAGE, NY**

Zip

29

Country

30

USA

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32301**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

03/24/1992

4. FEI Number

22-0877488

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D WALLACH, WILLIAM**
STREET ADDRESS **1101 HARBOR RD.**
CITY-ST-ZIP **HEWLETT HARBOR NY**

TITLE ☐ DELETE

NAME **VPD WALLACH, ROBERT M.**
STREET ADDRESS **219 FEEKS LN**
CITY-ST-ZIP **MILL NECK NY**

TITLE ☐ DELETE

NAME **ISAACS, LAWRENCE S.**
STREET ADDRESS **31 CEDAR DR.**
CITY-ST-ZIP **DANBURY CT**

TITLE ☐ DELETE

NAME **PD REIERSEN, JOHN D.**
STREET ADDRESS **416 OAKWOOD RD.**
CITY-ST-ZIP **PORT JEFFERSON NY**

TITLE ☐ DELETE

NAME **VPSC NEZAMOODEEN, PHILBERT**
STREET ADDRESS **38 ROOSEVELT AVENUE**
CITY-ST-ZIP **EAST ROCKAWAY NY**

TITLE ☒ DELETE

NAME **QUILIANI-RHEAUME, PATRICIA**
STREET ADDRESS **58 LINDRON AVE**
CITY-ST-ZIP **SMITHTOWN NY**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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.

SIGNATURE

[Signature]

[Signature]

[Signature]

CR2E034 (10/97)