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FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90187 007 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000034825

1. Corporation Name
EAGLE SERVICE CENTER, INC.



Principal Place of Business
**395 W DEARBORN ST
 ENGLEWOOD FL 34223**

Mailing Address
**395 W DEARBORN ST
 ENGLEWOOD FL 34223**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/10/1993

2. Principal Place of Business
 21

2a. Mailing Address
 26

4. FEI Number
65-0406667

Applied For
 Yes
 Not Applicable

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
 23

City & State
 28

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

Zip
 24

Country
 25

Zip
 29

Country
 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Registered Agent

10. Name and Address of New Registered Agent

**MITCHELL, GERALD W
 395 W DEARBORN ST
 ENGLEWOOD FL 34223**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	MITCHELL, SANDRA L	
STREET ADDRESS	552 NIGHTINGALE RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MITCHELL, GERALD W	
STREET ADDRESS	552 NIGHTINGALE RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Sandra Mitchell, Pres. Sec. Date: 4/14/99 Daytime Phone #: (941) 475-5004

CR2E034 (11/98)