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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000042529 (6)

FILED Apr 15 1998 8:00am Secretary of State

EAGLE	TRACKING SERVICES, INC	,		T (Revident for delive envir en	AND URBAI BANKE HEBRA (BY) (BB)
Principal Place of Business Mailing Address 11760 S.W. 102ND STREET 11760 S.W. 102ND STREET MIAMI FL 33186 MIAM FL 33186			•	DO NOT WRITE IN THIS	S SPACE
1:				3. Date incorporated or Qualified	
2. Principal P	Place of Business	2s. Mailing Address	·	06/16/1993 4. FEI Number	Applied For
21 142	162516246		212615		Not Applicable
Suite, Apt.	#, etc.	26 /42343u Suite, Apl. #, etc.	210001	30 2030300	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te .	City & State	/	6. Election Campaign Financing	\$5.00 May Be
23 110	121 + -	28 N/16M1	FC	Trust Fund Contribution	Added to Fees
Ziρ Σiρ	186 25 USA	Zip	Country	8. This corporation owes or has paid the c	_ ' _ '
24 33	9, Name and Address of Curren		o ysa	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
JOSEPH, SUZANNE 81 Name					
11760 SW 102 ST.			-		
MIAMI FL 33186			82 Street	Address (P.O. Box Number is Not Acceptable)	
141,5	117 1 E 00 100		83		
			84 City		last 25 Onds
			84 City	FI	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 ager			e required when reinstating) DATE	
12.	OFFICERS AND	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12 Change Addition
TITLE NAME	JOSEPH, SUZANNE H	L DELL'IL	1.1 TOTLE 1.2 NAME	SAMC	Change C Montroit
STREET ADDRESS	11760 S.W. 102ND/STREET		1.2 NAME 1.3 STREET ADDRESS	910 Bolk Made IS Dr.	[8]
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP	Miani, FL 33138	L
TITLE	T	DELETE	21 TITLE	1	☐ Change ☐ Addition
NAME	KELLY, DANIEL M	_	2.2 NAME	SAMC	
STREET ADDRESS	117/60 /SW/102/ST		2.3 STREET ADDRESS	910 Belle Meade Is.	り C
CITY-ST-ZIP	MIAMICFL		2. 4 CITY - ST - ZIP	Miani, FL 32133	İ
TITLE		DELETE	3.1 TITLE		Change Addition
NAME	1		3.2 NAME		
STREET ADDRESS	•		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		L. DELETE	4.1 TITLE		L Change
NAME			4. 2 NAME		1
STREET ADDRESS			4.3 STREET ADDRESS		j
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		v.w.gv ridenion
STREET ADDRESS			5.3 STREET ADDRESS)
CITY-ST-ZIP	,		5.4 CITY-ST-ZIP		
TITLE	<u></u>	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	pertity that the information cumplied will	th this filma does not qualify for t	he everantion state	od in Section 110 07/3)(i) Florida Statutos I further o	certify that the information

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.

CIONATURE.

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