FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000073340 (0)**

1. Corporation Name
EAGLE CREST HOLDINGS, INC.

Principal Place of Business	Mailing Address
25850 SAKAMAXON DRIVE SORRENTO FL 32776	25850 SAKAMAXON DRIVE SORRENTO FL 32776

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/18/1993**
3a. Date of Last Report: **10/31/1994**

2. Principal Place of Business
21 PO Box # 520350
Suite, Apt. #, etc. 22
23 Longwood FL
24 32752 25

2a. Mailing Address
26 PO Box # 520350
Suite, Apt. #, etc. 27
28 Longwood, FL
29 32752 30

4. FEI Number: 59-3273364 APPLIED FOR ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SEIDELMAN, ERIC
25850 SAKAMAXON DRIVE
SORRENTO FL 32776

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 31707 ORANGE St.
83
84 City: Sorrento FL 85 Zip Code: 32776

11. Pursuant to the provisions of Section 607.0502 and 607.1505, 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: _____ 4-26-95
(Signature of new registered agent, if changed) (Name of new registered agent, if changed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	LATANZA, CARMINE	12 NAME	
STREET ADDRESS	% 25850 SAKAMAXON DRIVE	13 STREET ADDRESS	202 Cottesmore Cir W.
CITY-ST-ZIP	SORRENTO FL 32776	14 CITY-ST-ZIP	Longwood, FL 32779
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	SEIDELMAN, ERIC	22 NAME	
STREET ADDRESS	% 25850 SAKAMAXON DRIVE	23 STREET ADDRESS	31707 ORANGE St.
CITY-ST-ZIP	SORRENTO FL 32776	24 CITY-ST-ZIP	Sorrento, FL 32776
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	REMITTED BY MAY 1
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added in connection with my address.

SIGNATURE: _____ 4-26-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0091100 CP