

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000073340 (0)

1. Corporation Name

EAGLE CREST HOLDINGS, INC.



Principal Place of Business

P O BOX 520350
LONGWOOD FL 32752
US

Mailing Address

P O BOX 520350
LONGWOOD FL 32752
US

3. Date Incorporated or Qualified
10/18/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 P.O. Box #520580

2a. Mailing Address

26 P.O. Box #520580

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-3275564

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

22 City & State

23 Longwood, FL

24 32752 25 U.S.

27 City & State

28 Longwood, FL

29 32752 30 U.S.

9. Name and Address of Current Registered Agent

SEIDELMAN, ERIC
31707 ORANGE ST
SORRENTO FL 32776

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 607.1506, 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 of person authorized to act as agent and the corporation

Signature of Registered Agent (signature not required)

4-30-96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
LATANZA, CARMINE
202 COTTESMORE CIRCLE W
LONGWOOD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
SEIDELMAN, ERIC
31707 ORANGE ST
SORRENTO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
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CITY-STATE-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13.

ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

☐ Change ☐ Addition

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

☐ Change ☐ Addition

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

☐ Change ☐ Addition

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

☐ Change ☐ Addition

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

☐ Change ☐ Addition

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-STATE-ZIP

☐ Change ☐ Addition

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)(k), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4-30-96

Signature of Officer or Director

CR2E034 (12/95)