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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Kathe ine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000073340

1. Corporation Name

Principal P ace of Business

EAGLE CREST HOLDINGS, INC.

| Suite, Ast, #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Still Contribution 3, Name and Address of Current Registered Agent Still Country Still Country Still Country Still Name Still Name Still Country Still Name Still Name Still Name Still Country Still Name Still Na | | | LONGWOOD FL 32752 US | | | | | DO NOT WRIT | E IN THIS | SPACE | |
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| Suite, Ast, #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Still Contribution 3, Name and Address of Current Registered Agent Still Country Still Country Still Country Still Name Still Name Still Country Still Name Still Name Still Name Still Country Still Name Still Na | | | | | | | | • | | | |
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| Suite, A3.1. #, efc. 22 27 28 28 28 29 29 30 29 30 20 20 10. Name and Address of Current Registered Agent 30 30 30 40 40 40 40 40 40 40 40 40 40 40 40 40 | 21 | | 26 | | | | 59-32 | 75564 <u> </u> | | | Not Applicable |
| City & State | Suite, Act. | #, etc. | | | | | 5. Certifca | te of Status Desired | | 4 | |
| Zip Courity Zip Country Zip Country Registered Agent Person al Property Tax. Yes Name Name and Address of Current Registered Agent Name | City & Stat | e | City & State | | | | | · - | | - | |
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| 448 SPRING HAMMOCK COURT LONGWOOD FL 32750 83 Street Ac dress (P.O. Box Number is Not Acceptable) 84 | | | | | 81 | Name | | | | | |
| 11. Pursuant to the provisions of Scictions 607.0502 and 607.1508, Florida Statutes, the above-named or operation submits this statement for the purpose of changing its register dagent, or both, in the State of Florida. Such change was suthorized by the corporation's board of clirectors. I hereby accept the approximent as register dagent, or both, in the State of Florida. Such change was suthorized by the corporation's board of clirectors. I hereby accept the approximent as register dagent at all ramidar with, and at cept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS. I TITLE D | | | | <u> </u> | 82 | Street Ac | dress (P.O. Box | Number is Not Accepta | ble) | | |
| 11. Pursuant to the provisions of Sc ctions 607.0502 and 607.1508, Florida Statutes, the above-named or rporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of clirectors. I hereby accept the approintment as register agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUFE SIGNATUFE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS, NND DIRECTORS INTITLE D DELETE 11.TITLE OFFICERS AND DIRECTORS 12. NAME LATANZA, CARMINE STREET ADDRESS CITY-ST-ZIP DELETE 1.1TITLE D DELETE 1.1TITLE D DELETE 1.1TITLE Change Change Change Change Change Change Change Change TITLE DELETE 3.1TITLE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 3.1TITLE D Change | LON | GWOOD FL 32750 | | | 83 | | | | | | |
| office cr registered agent, or both, in the State of Florida. Such change was authorized by the corporition's board of cirectors. I nereby accept the applications of, Section 607.0505, Fibridal Statutes. SIGNATUFE Signature, typed or printed name of registered agent and title if applicable. (NOT Exegistered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITILE LATANZA, CARMINE STREET ADDRESS CITY-ST-ZIP UNAME SEIDELMAN, ERIC SEIDELMAN, ERIC SIREET ADDRESS CITY-ST-ZIP SORRENTO FL DELETE 12 NAME 12 NAME 13 STREET ADDRESS CITY-ST-ZIP TITLE D Change Change Change Change Change TITLE DELETE 31 TITLE DELETE 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE Change Change Change Change Change TITLE DELETE 41 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AME Change Change Change Change Change Change Change Change Change | | | | | | • | | | FI | _ | |
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14. I hereb / certify that the informat on 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 indicate d 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 recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or one an attachment with an address, with all other like empowered.