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

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999	The state of the s	DIVISION OF CORPORATI
DOCUMENT # P	94000023	470
EAGLE GRAPHICS, INC.	OF PALM BEACH	
Principal Place of Business	Mail	ling Address
115 SEVILLA AVE ROYAL PALM BEACH FL 33411 US	115	SEVILLA AVE AL PALM BEACH FL 33411

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115 SEVILLA AV ROYAL PALM B US	VE BEACH FL 33411	115 SEVILLA AVE ROYAL PALM BEACH FL 33411 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
	•				03/28/1994		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ar	plied For
21		26			65-0477099	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Fee Re	Additional equired
City & State	e	City & State		1.11.40	6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
Zip	Country 25	Zip 30	Country	'	This corporation owes the current year     Personal Property Tax.	Intangible Ves	No
	9. Name and Address of Current F	Registered Agent			10. Name and Address of New Register	ed Agent	
	<u> </u>		81	Name			
FAWCETT, GREGORY J. 115 SEVILLA AVE			82	82 Street Address (P.O. Box Number is Not Acceptable)			
ROY.	AL PALM BEACH FL 33411		83			····	
	:		84	City		85 Zip	Code
office or r agent. I a	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auth	iorized by	the corpora	orporation submits this statement for the purpose stion's board of directors. I hereby accept the ap	of changing its pointment as re	registered egistered
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	gistered Age	nt signature requ	lired when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELETE	1.1 TITLE	1	VICE- PAES.	☐ Change	Addition
NAME	FAWCETT, GREGORY J.		1.2 NAME	ĺ	MAREN M. FAWLETT	•	
STREET ADDRESS	115 SEVILLA AVE		1.3 STREE	TADDRESS	115 SEVILLA AUF.		
CITY-ST-ZIP	ROYAL PALM BEACH FL		1.4 CITY-S	T-ZIP	POYAL PAUM BEACH FL 3	34//	
TITLE	VIGE PRESIDENT. A	☐ DELETE	2.1 TITLE		,	Change	Addition
NAME	LABREN 4 Shit Et	Ar.	2.2 NAME	,			
STREET ADDRESS	1VEV TEXADO ALATO V	V	2.3 STREE	TADDRESS			
CITY-ST-ZIP	110000000000000000000000000000000000000	<b>-</b> .	2.4 CITY-5	ST-ZIP	و ب		
TITLE		☐ DELETE	3.1 TITLÉ			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADORESS	•		
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME	1		5.2 NAME				
STREET ADORESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	•		
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME 1	1 Stor Water Edward	•	6.2 NAME	T ADDRESS			
STREET ADDRESS	12 12 C. C.		6.3 STREE				
OUTS/ OT THE	1		■ 0.4 Uli Y- >	11-417			

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 time empowered.

SIGNATURE:

SIJULIUR J SIGNING OFFICER OR DIRECTOR

561-791-0882 Daytime Phone #