

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P94000064261

1. Corporation Name

The Eagle Properties of Ft. Lauderdale, Inc.

Principal Place of Business

Mailing Address *Same*

*127 NW 25th St.
Wilton Manors, FL 33311*

3. Date incorporated or Qualified

8/22/94

3a. Date of Last Report:

7/95

2. Principal Place of Business

21 *127 NW 25th St*

2a. Mailing Address

26 *Same*

4. FEI Number

65-0513771

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22. City & State

23 *Wilton Manors, FL 33311*

27. City & State

28 *Wilton Manors, FL 33311*

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

24 *33311*

25 *USA*

29. Zip

30. Country

9. Name and Address of Current Registered Agent

Unknown

10. Name and Address of New Registered Agent

81 Name

Michael W. Maskowski

82 Street Address (P.O. Box Number is Not Acceptable)

127 NW 25th St

83

84 City

Wilton Manors

FL

85 Zip Code

33311

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

Michael W. Maskowski

President

2/14/96

12. OFFICERS AND DIRECTORS

TITLE *President/Director* ☒ DELETE

NAME *Michael W. Maskowski*

STREET ADDRESS *125 NW 25th St*

CITY, ST, ZIP *Wilton Manors, FL 33311*

TITLE *Vice President/Director* ☒ DELETE

NAME *David W. Mackay, Jr.*

STREET ADDRESS *125 NW 25th St*

CITY, ST, ZIP *Wilton Manors, FL 33311*

TITLE *Treasurer/Secretary/Director* ☒ DELETE

NAME *Warren E. Mallett, Jr.*

STREET ADDRESS *125 NW 25th St*

CITY, ST, ZIP *Wilton Manors, FL 33311*

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE *Pres/V.P./Trans./Sec./Dir* ☒ Change ☐ Addition

1.2 NAME *Michael W. Maskowski*

1.3 STREET ADDRESS *127 NW 25th St*

1.4 CITY, ST, ZIP *Wilton Manors, FL 33311*

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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, or on an attachment with an address.

SIGNATURE:

Michael W. Maskowski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael W. Maskowski

2/14/96

Date

(305) 566-3789

Daytime Phone #

2-27-96

SB

CRPE034 (12/95)