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 # **P94000091347 (2)**

1. Corporation Name

EAGLE EAST CORPORATION

Principal Place of Business	Mailing Address
8335 NW 64 ST MIAMI FL 33166	8335 NW 64 ST MIAMI FL 33166

3. Date Incorporated or Qualified: **12/16/1994**
3a. Date of Last Report: **02/14/1995**

2. Principal Place of Business
21
Suite, Apt. # etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite, Apt. # etc.
27
City & State
28
Zip 29 | Country 30

4. FEI Number: **65-0533916** ☐ 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

NESSELER, FRANK J
8335 NW 64 ST
MIAMI FL 33166

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 607.1502, 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 _____ DATE

Signature of Registered Agent (required for registered agent changes)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	NESSELER, FRANK J		1.2 NAME		
STREET ADDRESS	8335 NW 64 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	VICE PRES. TREASURER	☒ Change ☐ Addition
NAME	NOTHEIS, WALTER		2.2 NAME		
STREET ADDRESS	12940 SW 133 CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	VICE PRES.	☒ Change ☐ Addition
NAME	HENDRIKSE, NELSON		3.2 NAME		
STREET ADDRESS	12940 SW 133 CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME			4.2 NAME	WENDY CARR	
STREET ADDRESS			4.3 STREET ADDRESS	7110 FAIRWAY DR. L-16	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: _____ F.J. NESSELER 1/31/96 305-591-2155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #