SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

| 1996 |
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| |

DOCUMENT #
1. Corporation Name

P95000050854 (5)

EAGLE REALTY SERVICES, INC.

| LAGL | L NEALTT GENTIOLO, INC. | | | | | |
|--|---|---|---|------------------------|---|---|
| Principal Place | e of Business | Mailing Address | | | 1 1981/901 150 10/0/ 0/11/ 06/11 08/11 0 | DERF ODER CIPE DUIDE EDIDE DINE DEDE 1001 |
| 9973 MIRAM Miramar Fi | KAR PARKWAY L 33028 | 9973 MIRAMAR PARKWA MIRAMAR FL 33028 | ıY | | | |
| | | | | | 3. Date Incorporated or Qualified 06/28/1995 | 3a. Date of Last Report |
| | lace of Business MIRAMAR PKWAY | 2a. Mailing Address | | | 4. FET Number YA 65-059617 | Applied For Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apl. #, etc | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | e RAMAR FL | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 330 A | Country 25 BROWAND | Zip 29 | Countr | у | This corporation has liability for in Florida Statutes | ntangible fix under s. 199 032, Yes [No |
| .=-1 | 9. Name and Address of Current F | t., t | 1 | | 10. Name and Address of New Reg | pistered Agent |
| D. | ATTERON CURICTORIER D | | 81 | Name | | |
| PATTERSON, CHRISTOPHER D 3621 WASHINGTON LANE | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| С | OOPER CITY FL 33026 | | 83 | , | | |
| | | | 84 | City | ······································ | FL 85 Zip Code |
| office or r | to the provisions of Sections 607,0502 a registered agent, or both, in the State of im familiar with, and accept the obligation | Florida, Such change was au | ithorized by | the corporation | oration submits this statement for the public board of directors. I hereby accept | rpose of changing its registered the appointment as registered |
| •SIGNATURE | | | | | | |
| 12. | Signature, typed or printed name of registered agent a OFFICERS AND I | | Begistered Ag | jent signature require | ad when reinstating) ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTORS IN 12 |
| TITLE | | | 1 1 TITLE | | ADDITIONS/OTIANALS TO GITTE | Change Addition |
| NAME | PARSIDENT/SECR | emy | 1.2 NAME | | | |
| STREET ADDRESS | LASCELLES NO POPOS MIRAMAN FO | PRAKWAY | 13 STREE | LADDRESS | | |
| CITY - ST - ZIP | MIRAMAR FC | 33025 | 14 Cily - | S1 - ZIP | | |
| TITLE | | DELETE | 2 1 11TLE | | | Change Addition |
| NAME | | | 22 NAME | | | |
| STREET ADDRESS | | | 23 STREE | T ADDRESS | | |
| CITY - ST - ZIP | 2 4 | | 2 4 City | ·S -ZIP | | |
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| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3 3 STAFF | T ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CrTY | · S · - ZIP | | |
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| City-St-ZIP | | T pricts | 4 4 CITY - | S1 - ZIP | | |
| TITLE | | DELÉTE | 5 1 TITLE | | 90000185 | 6899 Addition |
| NAME | | | 5 2 NAME | ì | 90000185 -06/10/960102 | 21005 |
| STREET ADDRESS | | | | TACORESS | ***233 . 75 | |
| CITY-ST-ZIP TITLE | | DELETE | 5 4 CITY - ST - ZIP 6 1 TITLE | | | Change Addition |
| | | Deter | 1 | | | |
| NAME FRANCE ADDRESS | | | 6.2 NAME | | ^ | 6.096 |
| STREET ADDRESS | | | | ELADORESS | (| 1 2 0 1 C |
| CITY-ST-ZIP | Label by certify that the information supplied v | with this filmo is voluntarily for | 64 CiTY- | | ify for the exemption stated in Section 1 | |
| further ce | ertify that the information indicated on the | is annual report or supplemen | ntal annual | report is true a | and accurate and that my signature sha | Il have the same legal effect as if |

1. 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 agran officer or girector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 or Block 13 if changed, or on an attachment with an address.
A SCECUTE STATE OF THE REPORT OF THE PROPRIED OF THE

SIGNATURE:

THE AND TYPED OF PRINTED NAME OF WENING OFFICER OF DIRECTO

91 954 H