FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000066964 (4) **DOCUMENT #** Corporation Name EAGLE LIQUIDATORS, INC. Principal Place of Business Mailing Address 3781 ATM ASTA STREET P.D. BOX 451887 MIAMI PE 33172 Sunrise, FL 33345 3781 N.W. 46TH STREET MIAMI FL 33142 3. Date Incorporated or Qualified 08/28/1995 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 195-0606351 Eagle liquiditors Inc. Not Applicable Suite, Apt. #, etc. \$8.75 Additional 22 POBOX 451887 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Sunrisc 23 Trust Fund Contribution Added to Fees Zio 8. This corporation has liability for intangible tax under s 199.032. 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MARSHALL, ERIC 82 Street Address (P.O. Box Number is Not Acceptable) 3781 N.W. 46TH STREET **MIAMI FL 33142** 83 84 City Zip Code 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. Thereby accept the appointment as registered agent, I am with, and accept the obligations of, Section 607,0505. Florida Statutes. SIGNATURE Signatine, typed or pentent has beat registered agent as need it apply able (NOTE Registers (Agent signal as required wher renotating 12 OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 1 DEEP Change Addition MARSHALL, ERIC NAME 1.2 NAME 3781 N.W. 46TH STREET STREET ADDRESS 1.3 STHEET ADDRESS **MIAMI FL 33142** CHTY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2 1 Title Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 City - ST - ZIP TITLE DELE TE 3 1 HUE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 C TY - ST - ZiP TITLE DELETE 4 1 THE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-2IP 4.4 CITY - ST- 7:P TITLE DELETE 5 1 TITLE ☐ Change Addition NAME 5.2 NAME STREE1 ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP TITLE DELETE 6 1 THILE ☐ Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 access in Block 12 or Block 12 of B

Evic Marshill

TURE AND TYPED OR PRINTED NAME OF SIGNING

SIGNATURE: