

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000066964 (4)

1. Corporation Name

Eagle Liquidator, Inc.

Principal Place of Business

Mailing Address

215 Pineda St
181

Longwood, FL 32750

500002713355--7

-12/15/98--01083--004
DO NOT WRITE IN THIS SPACE ***150.00 ***150.00

3. Date Incorporated or Qualified

8-28-1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0606351

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Kurt Marshall
6886 NW 35 Ave
Miami, FL 33147

81 Name

Kurt Marshall

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

6886 NW 35 Ave

83

84 City

Miami

FL

85 Zip Code

33147

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

Kurt Marshall

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12-11-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME Eric Marshall
STREET ADDRESS 215 Pineda St # 181
CITY-ST-ZIP Longwood, FL 32750

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Eric Marshall
1.3 STREET ADDRESS 215 Pineda St # 181
1.4 CITY-ST-ZIP Longwood FL 32750

TITLE D ☐ DELETE
NAME Kurt Marshall
STREET ADDRESS 6886 NW 35 Ave
CITY-ST-ZIP Miami FL 33147

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Kurt Marshall
2.3 STREET ADDRESS 6886 NW 35 Ave
2.4 CITY-ST-ZIP Miami FL 33147

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Eric Marshall

Nov 30, 1998 407-830-8636

APPROVED
AND
FILED

98 DEC 14 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (5/98)