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**PROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000069499 (7)

DOCUMENT #

## **FILED** Apr 17 1998 8:00am Secretary of State

EAGLE PRODUCT ASSEMBLY, INC.								t <b>a</b> nn <b>arail</b> (816	IE 1841 1881	
Principal Place	e of Business	Mailing A	ddress					***********	18611 BIB38 1910	IM 10 11 1001
977-B WITHLACOOHCEE ST 977-B WITHLACOOHCEE ST										
SAFETY HARBOR FL 34895 SAFETY HARBOR FL 34695							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified		-11	
							08/19/1996			
2. Principal Pl	lace of Business	2a. Mailing	g Address				4. FEI Number			plied For
21		26	A - 4 4 - 4 -				59-3392309			t Applicable
Suite, Apt	#, etc.	27 Suite,	Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & State	е	City &	State				8. Election Campaign Financing		\$5.00	
23		28					Trust Fund Contribution		Added t	
Zip	Country	Zip		Coun	try		8. This corporation owes or has pa			
24	25	29		30			Personal Property Tax due June			J No
4,	9. Name and Address of Cur	rent Registered A	rgent		1 Nam		10. Name and Address of New Re	P Deletalge	gent	
	IKOPF, JAMES C				IVAIII					
	7-B WITHLACOOHCEE ST					t Addre	ess (P.O. Box Number is Not Acceptable)			
SAL	FETY HARBOR FL 34695			Ē	3			<del></del>		
					<u>.</u>				T	
				•	City			FL	<b>85</b> Zip 0	Code
11. Pursuant t	to the provisions of Sections 607.0	0502 and 607.1508	3, Florida Statute	s, the abo	ve-name	d corpo	pration submits this statement for the p	nurnose of	changing its	s registered
office or re agent. Lar	registered agent, or both, in the St im familiar with, and accept the ob	ate of Florida. Suc digations of, Section	h change was a∟ on 607. <b>053</b> €, Flor	uthorized rida Statu	by the co	orporatio	on's board of directors. I hereby acce	pt the appo	ointment as	registered
SIGNATURE 9	I AMERICA MINI	COPF			C. ,£	77	<del>-</del>	4-3	-98	
	Signature, typed or printed name of registered	agent and title if applica	vie. (NOTE:	Registered a	gent signati	16 160 FE	d Men reinstating)	DATE		
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 attrichment with an extress.

GNATURE:

4-3-98