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FILED

**May 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000090807 (4)

1. Corporation Name
EAGLE CLEAN & SEAL INC.



Principal Place of Business: **640 CYPRESS CLUB WAY #B POMPANO BEACH FL 33064**

Mailing Address: **640 CYPRESS CLUB WAY #B POMPANO BEACH FL 33064-5057**

3. Date Incorporated or Qualified: **11/01/1996**

3a. Date of Last Report

2. Principal Place of Business: **6524 SW 41 PLACE**

2a. Mailing Address: **6524 SW 41 PLACE**

4. FEI Number: **65-0712673**

Applied For: Not Applicable

Suite, Apt. #, etc.

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **DAVIE Florida**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **33314** Country: **Broward**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FARR, ROB
640 CYPRESS CLUB WAY #B
POMPANO BEACH FL 33064**

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 607.1508, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	FARR, ROB	
STREET ADDRESS	640 CYPRESS CLUB WAY #B	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	DIRECTOR / PRESIDENT	<input type="checkbox"/> DELETE
NAME	FARR, Rob	
STREET ADDRESS	6524 SW 41 PLACE	
CITY-ST-ZIP	DAVIE FLORIDA 33314	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FARR, Rob	
1.3 STREET ADDRESS	6524 SW 41 PLACE	
1.4 CITY-ST-ZIP	DAVIE Florida, 33314	
2.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wendy Smith	
2.3 STREET ADDRESS	6524 SW 41 PLACE	
2.4 CITY-ST-ZIP	DAVIE FLORIDA, 33314	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: Rob Farr **Rob FARR** **4-26-97** **(954) 792-9777**

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

CR2E034 (9/96)