FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000060856 (6)

EIGER MARIANAS, INC.

TITLE

NAME STREET ADDRESS

Principal Plac	e of Business	Mailing Address			1 JUGILIĞAL IND TANIK İBELIN DONIK BANKI BERKE BEREB	DIN ODIOLEUN BIN BIN 1961	
590 COCONUT ST 590 COCONUT ST							
SATELLITE BEACH FL 32937 SATELLITE BEACH FL			FL 32937		DO NOT WRITE IN TH	IO ODACE	
					3. Date Incorporated or Qualified	IS SPACE	

9 Principal P	lace of Business	2a. Mailing Address			07/11/1997 4. FEI Number	Applied For	
26		•		59-3469313	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & Stat	e	City & State	_		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zφ	— —	untry	8. This corporation owes or has paid the	_ · _ ·	
24	25	29	30		Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes X No	
	9. Name and Address of Cur	rent Registered Agent		81 Name	10. Name and Address of New Registers	nd Agent	
	RURY, ROSEMARY C						
590 COCONUT ST				82 Street Add	dress (P.O. Box Number is Not Acceptable)		
SA	ITELLITE BEACH FL 32937			83			
	**			84 City	F	85 Zip Code	
SIGNATURE	Signature, typed or printed name of registered	agest and tale (Lapplicable AND DIRECTORS	(NO1E: Register	ed Agent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	DELETE		TOLE	ADDITIONS/OFFAITALES TO OFFICE NO.	☐ Change ☐ Addition	
NAME	DRURY, ROSEMARY C		1.21	NAME			
STREET ADDRESS	590 COCONUT ST		1.3 5	STREET ADDRESS			
CITY-ST-ZIP	SATELLITE BEACH FL 329	37	1.40	CITY - ST - ZIP			
TITLE	D	DELETÉ	2.1	TITLE		Change Addition	
NAME	Drury, Robert K		2.21	NAME			
STREET ADDRESS	590 COCONUT ST			STREE1 ADDRESS			
CITY-ST-ZIP	SATELLITE BEACH FL 329			CITY - ST - ZIP		Change Addition	
TITLE		☐ DELET€				Change Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP		DELETE		CITY-ST-ZIP IITLE		Change Addition	
NAME				NAME		_ _	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY - ST - ZIP			
TITLE		DELETE				Change Addition	
NAME			5.21	NAME			
STREET ADDRESS			5.3	STREET ADDRESS			
CITY-ST-ZIP			5.4	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 signalure 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. 407 -

6.1 TITLE

6.2 NAME

DELETE

___ Addition

Change

FILED

May 06 1998 8:00am

Secretary of State