Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000061964

Corporation Name

Principal Place of Business

AAA EAGLE LEGAL SERVICES, INC.

May 05, 1999 8:00 am Secretary of State

05-05-1999 90009 030 ***150.00



2010 DELLWOO STE 4	D AVE	2010 DELLWOOD AVE STE 4					
JACKSONVILLE	FL 32204	JACKSONVILLE FL 32204 US		DO NOT WRITE IN THIS	SPACE		
US		03		3. Date Incorporated or Qualifed 07/16/1997			
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	1	Applied For	
21 1920	Muncie Alenue	26 1970 MUNC	<u>ie Avenue</u>	9 59-3488714	1	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required	
City & Stat	е	City & State		6. Election Campaign Financing	\$5.0	May Be	
23 Jack	sonville, Florida	28 Jackson VI	le , Florido	Trust Fund Contribution	Adde	to Fees	
Zip	Country	Zip 29 32210 34	Country	 This corporation owes the current year Inta Personal Property Tax. 	angible □ Yes	X No	
24 372		123) JUDIO 10	<u> </u>	10. Name and Address of New Registered			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 7							
BOSI	ENBLATT, DAVID			Sosenblatt, David			
82 Stree				ress (P.O. Box Number is Not Acceptable)	0		
	STE 4						
	SONVILLE FL 32204		63				
JACE	CONVILLE PL 32204		84 City -	The William El	85 Zi	Code	
			J	ackson Ville FL		9310	
11. Pursuant	to the provisions of Sections 697,0502	and 607.1508, Florida Statutes	the above-named cor	poration submits this statement for the purpose of a lion's board of directors. I bereby accept the appoin	changing i itment as	ts registered registered	
11. Pursuant to the provisions of Sections 667,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or bottom 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 a count the foligations of Section 607,0505, Florida Statutes.							
SIGNATURE	1 In Man	all Davi	d Roseni	6/17 4/28	//99	/	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE; Re	gistered Agent signature requir				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D	☐ DELETE	1.1 TITLE		Chang	e 🔲 Addition	
NAME	Rosengblatt, David		1.2 NAME	osen blatt, David 170 Muncie Avenue			
STREET ADDRESS	2010 DELLWOOD AVE #4		1.3 STREET ADDRESS	170 Muncie Avenue	_		
CITY-ST-ZIP	JACKSONVILLE FL 32204		1.4 CITY-ST-ZIP	Tackson Ville, FL 322			
TITLE		☐ DELETE	2.1 TITLE		☐ Chang	e ☐ Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2, 4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE		☐ Chang	e Addition	
NAME			3.2 NAME			İ	
STREET ADDRESS			3.3 STREET ADDRESS			J	
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4,1 TITLE		☐ Chang	e	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP			_	
TITLE		☐ DELETE	5.1 TITLE		Chang	e Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		Chang	e Addition	
		_ 5566.12	6.2 NAME			_	
NAME			6.3 STREET ADDRESS			j	
STREET ADDRESS							
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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 suppliemental 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 change empowered.

SIGNATURE: