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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000079333

Corporation Name

EAGLE RAY CORPORATION

Principal Place of Business

Mailing Address

10881 ST. JOHNS COURT BONITA SPRINGS FL 34135 10881 ST. JOHNS COURT BONITA SPRINGS FL 34135

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90093 006 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2a, Mailing Address 5.65-078 1120 5.01 5.						3. Date Incorporated or Qualifed		
Suite, Apt. #, etc. City & State DIXON, JOLENE C 10881 ST. JOHNS COURT BONITA SPRINGS FL 34135 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 regist 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 registere agent, and familiar with, and accept the obligations of, Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist 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 registere agent, and familiar with, and accept the obligations of, Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist of first and accept the obligations of, Sections 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist of first and accept the obligations of, Sections 607.0505, Florida Statutes, the above-named c			Do Mailine Address			09/11/1997	Appl	ied For
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. S. Cartificate of Slatus Desired \$8.75 Addition Fee Required City & State	 1	lace of Business	⊢			1	<u> </u>	
22 27 27 28 31 32 32 33 33 34 34 35 34 35 35		# etc					\	
Zip Country Zip Country St. Triust Fund Contribution Added to Fee Zip Country St. This corporation owes the current year Intangible Personal Property Tax. Yes No.		#, etc.	27			5. Certificate of Status Desired	Fee Req	uired
Zip Zip Zip Zip Zip Zip Zip Zip Zip Personal Property Tax. Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name 10. Nam	— ·	:e	⊢ ′			1		
29 30 Personal Property Tax. Yes No	The second secon	Country		Cou	ntry	8. This corporation owes the current year Intangible		
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64 CITY-ST-ZIP 14. 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 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 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 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 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 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 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 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 information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	CITY-ST-ZIP							

4. I hereby certify that the information supplied with this filling does not quality 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 a readdress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99

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