

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90025 007 ***150.00

DOCUMENT # P98000017705

1. Corporation Name
BLACK EAGLE, INC.

Principal Place of Business
1729 NW 18 ST
FT LAUDERDALE FL 33311

Mailing Address
1729 NW 18 ST
FT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1998

4. FEI Number

65-0823796

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

22 2240 NW 52ND AVE

Suite, Apt. #, etc.

27 2240 NW 52ND AVE

City & State

23 LAUDERHILL FL.

City & State

28 LAUDERHILL FL

Zip

24 65-33313

Country

25 FL

Zip

29 33313

Country

30 FL

9. Name and Address of Current Registered Agent

WILSON, OWEN
1729 NW 18 ST
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

WILSON, OWEN

82 Street Address (P.O. Box Number is Not Acceptable)

2240 NW 52ND AVE

83 LAUDERHILL

84 City

FL

85 Zip Code

33313

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 Owen Wilson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01-02-98

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WILSON, OWEN
STREET ADDRESS 1729 NW 18 ST
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE D ☒ DELETE

NAME ~~ROBINSON, MORLINE~~
STREET ADDRESS 1729 NW 18 ST
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NP ☐ Change ☒ Addition

1.2 NAME Wilson, Annouska
1.3 STREET ADDRESS 2240 NW 52nd Ave
1.4 CITY-ST-ZIP Lauderhill, FL 33313

2.1 TITLE D/C/M/S ☒ Change ☐ Addition

2.2 NAME Wilson, Owen
2.3 STREET ADDRESS 2240 NW 52nd Ave
2.4 CITY-ST-ZIP Lauderhill, FL 33313

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 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, with all other like empowered.

SIGNATURE: Owen Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-02-98

Date

(954) 298-1423

Daytime Phone #

CR2E034 (1/98)