Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90121 013 \*\*\*150.00

## 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

## DOCUMENT # P98000081033

1. Corporation Name

EAGLE	HACE PHOPEHIES, INC.										
Principal Place	e of Business	М	ailing Address	=				D INEILADA (IN PAPA) JAIST ANSILA	Mill Ralii Albini II	OIUT    DII 0448	# fill## sout news
11800 LAKEVIEW DR. 11800 LAKEVIEW DR.											
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071								DO NOT WR	ITE IN THIS	SPACE	
							-	Date Incorporated or Qualifed		SPACE	
	•						"	09/18/1998			•
2 Principal Pl	lace of Business	2a.	Mailing Address				. 4.	FEI Number	F	A	pplied For
21		26	J					65-0866920	)	N	ot Applicable
Suite, Apt.	#, etc		Suite, Apt. # etc.	:	**	4		Certifcate of Status Desired	`~ n		Additional
22		27						. Certificate of Guitas Booling		Fee R	equired
City & State	ė	$\vdash$	City & State				6.	. Election Campaign Financing			May Be
23		28					-	Trust Fund Contribution			to Fees
Zip	Country	$\vdash$	Zip	Cou	itry		8	. This corporation owes the cur	rrent year Inta	angible □Yes	Σκο
24	25	29	d 8	30				Personal Property Tax.  Name and Address of New	Registered (		<del>/</del>
	9. Name and Address of Currer	it Kegis	stered Agent		81	Name	10	, Haille alla Address of Herr	regionerou	190	
FA7I	O, MARIO										
	O LAKEVIEW DR.				82	Street Add	ldress (	P.O. Box Number is Not Accept	table)		}
	AL SPRINGS FL 33071			•	83			<del></del>			
	,									a   31	0-4-
					84	City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 6	607.1508, Florida Statut	es, the ab	ove-	-named cor	rporatio	on submits this statement for the	e purpose of	changing its	s registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Hore	da. Such change was a	utnonzea	DY II	he corporat	ation's b	poard of directors. I hereby acce	ept the appoir	ntment as re	egistered
agent, rai	III lamilar with, and accept the congo		, 000001 001 0000, 1 10	,,					11	CO	
CONTRACTOR	V(( 4 +1	_							4-15	-77	Į
SIGNATURE	Signature, typed or printed name of registered age	nt and title	if applicable. (NOTE	Registered	Agent :	signature requi	nerlw beniu		4 -15 DATE		
SIGNATURE	Signature, typed or printed name of registered see		CTORS	13.		signature requi	uired when	reinstating) ADDITIONS/CHANGES TO O	DATE	D DIRECTO	
	Signature, typed or printed name of registered age OFFICERS AN					signature requi	uired when		DATE		
12.	Signaturd, typed or printed name of registered specific printed name of registered name of registered specific printed name of registered name of	ID DIRE	ECTORS DELETE	13.	LE	signature requi	uired when		DATE	D DIRECTO	
<b>12.</b> TITLE	Stgraturd, typed or printed name of registered specific printed name of registered name of registered specific printed name of registered name of	O DIRE	ECTORS DELETE	13. 1.1 TIT 1.2 NA	LE ME	signature requi	uired when		DATE	D DIRECTO	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954.340-4454