**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 25 AM 9 03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S62419** **(4)**

1. Corporation Name
**EAGLE AUTOMOTIVE PRODUCTS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1301 S.W. 2ND STREET<br>POMPANO BEACH FL 33069 | 1301 S.W. 2ND STREET<br>POMPANO BEACH FL 33069 |

DO NOT WRITE IN THIS SPACE

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 06/21/1991 | 02/15/1994 |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 963 S. Military Trail | 26 963 S. Military Trail |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 West Palm Beach Fla | City & State 28 West Palm Beach, Fla |
| Zip 24 33415 County 25 Palm Beach | Zip 29 33415 County 30 Palm Beach |

4. FEI Number: 65-0272134 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| HRENICK, ANDREW<br>1301 S.W. 2ND STREET<br>POMPANO BEACH FL 33069 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 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 _____ (Typed or printed name of registered agent and title if agent is a corporation) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS | | |
|---|---|---|---|---|
| TITLE | PTD | 11 TITLE | | ☑ Change ☐ Addition |
| NAME | HRENICK, MICHAEL J. | 12 NAME | | |
| STREET ADDRESS | ~~1291 N STATE RD 7~~ | 13 STREET ADDRESS | 7931 Redwood Lane | |
| CITY ST ZIP | ~~MARGATE FL~~ | 14 CITY ST ZIP | Park land Fla - 33065 | |
| TITLE | VSD | 21 TITLE | | ☑ Change ☑ Addition |
| NAME | ~~OUDEANG, RAYMOND~~ | 22 NAME | JOANN A. SPERLING | |
| STREET ADDRESS | ~~1291 N STATE RD 7~~ | 23 STREET ADDRESS | 5063 N.W. 100 ave | |
| CITY ST ZIP | ~~MARGATE FL~~ | 24 CITY ST ZIP | CORAL SPRINGS Fla 33076 | |
| TITLE | | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | 32 NAME | | |
| STREET ADDRESS | | 33 STREET ADDRESS | | |
| CITY ST ZIP | | 34 CITY ST ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY ST ZIP | | 44 CITY ST ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 CITY ST ZIP | | |

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

**SIGNATURE:** Joann A. Sperling JOANN A. SPERLING P.P. 7/19/95 1-(407)478-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020188 CP