

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S95488

(0)

1. Corporation Name

SILVER EAGLE, INC.



Principal Place of Business

STE 340
600 WEST HILLSBORO BLVD.
DEERFIELD BEACH FL 33441
US

Mailing Address

STE 340
600 WEST HILLSBORO BLVD.
DEERFIELD BEACH FL 33441
US

3. Date Incorporated or Qualified

11/20/1991

3a. Date of Last Report

07/28/1995

4. FET Number

65-0301997

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

MILLER, HUGH J.
3020 CARIBB WAY
LANTANA FL 33462

81. Name

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

83.

84. City

FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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

Signature of person authorized to file this statement

Date of filing (Agent signature is not required)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
DP	MILLER, HUGH J.	3020 CARIBB WAY	LANTANA FL	☐
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	CHANGE	ADDITION
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	☐	☐	☐
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-STATE-ZIP	☐	☐	☐
9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY-STATE-ZIP	☐	☐	☐
13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY-STATE-ZIP	☐	☐	☐
17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY-STATE-ZIP	☐	☐	☐
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY-STATE-ZIP	☐	☐	☐

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)(k) 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 if not, in Block 12.

SIGNATURE:

Hugh J. Miller

HUGH J. MILLER 4-26-96

954-360-9999

CR2E034 (12/95)