

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 817863 (4)
1. Corporation Name

EAGLE ELECTRIC MANUFACTURING CO., INC.



Principal Place of Business: 45-31 COURT SQ. LONG ISLAND CITY NY 11101
Mailing Address: 45-31 COURT SQ. LONG ISLAND CITY NY 11101

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/13/1964	01/24/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		11-0701510	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
UNITED STATES CORPORATION COMPANY 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	Suite 105		
				84	City		
				Tallahassee	FL	85	Zip Code
							32301

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 _____ DATE _____
Signature of person named as registered agent for this corporation _____
Signature of New Agent named in this statement _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KLUGER, NEAL <input type="checkbox"/> DELETE	1. TITLE	V KATSARAKES, GEROGE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	45-31 COURT SQUARE	12. NAME	45-31 COURT SQUARE
STREET ADDRESS	LONG ISL CITY NY	13. STREET ADDRESS	LONG ISLAND CITY NY 11101
CITY - ST - ZIP		14. CITY - ST - ZIP	
TITLE	V FRADKIN, SIDNEY <input checked="" type="checkbox"/> DELETE	2. TITLE	V MACFADDEN, GLENN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	45-31 COURT SQUARE	22. NAME	45-31 COURT SQUARE
STREET ADDRESS	LONG ISLAND CITY NY	23. STREET ADDRESS	LONG ISLAND CITY NY 11101
CITY - ST - ZIP		24. CITY - ST - ZIP	
TITLE	SV GISH, ALAN <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	45-31 COURT SQUARE	32. NAME	
STREET ADDRESS	LONG ISLAND CITY NY	33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE	V COHEN, WARREN <input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	45-31 COURT SQUARE	42. NAME	
STREET ADDRESS	LONG ISLAND CITY NY	43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE	V VERTUCI, NICHOLAS <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	45-31 COURT SQUARE	52. NAME	
STREET ADDRESS	LONG ISLAND CITY NY	53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - 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 on an attachment with an address.

SIGNATURE: *Nicholas R. Vertucci* NICHOLAS R. VERTUCCI 4/26/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4/26/96

CR2E034 (12/95)