FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P38034** **(5)**

1. Corporation Name

EAGLE INSURANCE COMPANY

Principal Place of Business	Mailing Address
7640 SOUTHGATE BLVD. SUITE #4 NORTH LAUDERDALE FL 33068 US	7640 SOUTHGATE BLVD. SUITE #4 NORTH LAUDERDALE FL 33068 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 03/24/1992	3a. Date of Last Report: 03/09/1995
21	26	4. FEI Number: 22-0877488	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 607.0502 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: Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WALLACH, WILLIAM		1.2 NAME		
STREET ADDRESS	1101 HARBOR RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HEWLETT HARBOR NY		1.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WALLACH, ROBERT M.		2.2 NAME		
STREET ADDRESS	46 SCHOOL LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LLOYD HARBOR NY		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ISAACS, LAWRENCE S.		3.2 NAME		
STREET ADDRESS	31 CEDAR DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DANBURY CT		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	REIERSEN, JOHN D.		4.2 NAME		
STREET ADDRESS	416 OAKWOOD RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT JEFFERSON NY		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE	V,S,T	☒ Change ☐ Addition
NAME	NEZAMOODEEN, PHILBERT		5.2 NAME		
STREET ADDRESS	38 ROOSEVELT AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	EAST ROCKAWAY NY		5.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MISZNER, JEFFREY J		6.2 NAME		
STREET ADDRESS	8 HAMPTON CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	PT WASHINGTON NY		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: [signature] 1/30/96 (516) 228-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #