

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 24 PM 1:51

DOCUMENT # **S19868** (6)

1. Corporation Name
EAGER-1 MARKETING, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
2935 S E 58TH AVE #2 2935 S E 58TH AVE #2
P. O. BOX 5669 P. O. BOX 5669
OCALA FL 34478-5669 Ocala FL 34478-5669
US

3. Date Incorporated or Qualified 12/19/1990
3a. Date of Last Report 04/12/1994

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-3041193
Applied For Not Applicable

21 Suits, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAZZURCO, VINCENT S.
2935 S.E. 58TH AVE #2
OCALA FL 34471

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME MAZZURCO, VINCENT
STREET ADDRESS 32 BAYNAN PASS LOOP
CITY-ST-ZIP Ocala FL

1.1 TITLE
1.2 NAME Change Addition
1.3 STREET ADDRESS 4768 SW 3RD AVE
1.4 CITY-ST-ZIP Ocala, FL 34474

TITLE D
NAME MAZZURCO, SUEANNE
STREET ADDRESS 32 BANYAN PASS LOOP
CITY-ST-ZIP Ocala FL

2.1 TITLE
2.2 NAME Change Addition
2.3 STREET ADDRESS 4768 SW 3RD AVE
2.4 CITY-ST-ZIP Ocala, FL 34474

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME Change Addition
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(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, with no attachment with an address.

SIGNATURE: *Vincent S. Mazzurco*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/95 904-624-2100
Date Telephone #

VINCENT S. MAZZURCO