FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S19868

(6)

EAGER-1 MARKETING, INC.

FILED May 08 1998 8:00am Secretary of State

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Principal Place of Business Meiling Address 2935 S E 58TH AVE #2 2935 S E 58TH AVE #2			- 1 40011040 183 11040 14101 10110 06101 1011 01011 01011 01011 01011 01011 01015 1001			
P. O. BOX 5669 OCALA FL 34478-5669		P. O. BOX 568				
			OCALA FL 34478-5689		DO NOT WRITE IN THIS SPACE	
		US			3. Date Incorporated or Qualified	
9 Principal P	lace of Business	2a. Mailing Add	trace		12/19/1990 4. FEI Number	Applied For
21	ace of cushiess	26	11000		59-3041193	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. 4	#. etc	 		\$8.75 Additional
22		27	,		5. Certificate of Status Desired	Fee Required
City & State	9	City & State	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing	\$5.00 May Be
23		26			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Co	untry	8. This corporation owes or has paid the o	current year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registere	d Agent
MA	ZZURCO, VINCENT S.			81 Name		
	5 S.E. 58TH AVE #2			82 Street Address (P.O. Box Number is Not Acceptable)		
OC	ALA FL 34471					
				83	· 	
				84 City	····	. 85 Zip Code
					F	L '
SIGNATURE	Signature, typed or printed name of registeru-				corporation submits this statement for the purpose oration's board of directors. I hereby accept the appearance of the purpose oration's board of directors. I hereby accept the appearance of the purpose of the purpose or	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DP		XELETE 1.11	TILE		☐ Change ☐ Addition
NAME	MAZZURCO, VINCENT		1.21	IAME		
STREET ADDRESS	4768 SW 3RD AVE		1.3 \$	TREET ADDRESS		
CITY-ST-ZIP	OCALA FL			CITY-ST-ZIP		
TITLE	D		XELETE 2.1 T	TLE		Change Addition
NAME	MAZZURCO, SUEANNE		2.21	IAME		
STREET ADDRESS	4768 SW 3RD AVE		2.3 5	TREET ADDRESS		
CITY-ST-ZIP	OCALA FL			CITY-ST-ZIP		
TITLE			DELETE 3.1 T	ITLE		Change Addition
NAME			3.2 N	IAME		
STREET ADDRESS			3.3 \$	TREET ADDRESS		
CITY-ST-ZIP				CITY+ST-ZIP		
TITLE			DELETE 4.1 T	ITLE		Change Addition
NAME			4.21	NAME		
STREET ADDRESS			4.3 \$	TREET ADORESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE			DELETE 5.1 T	ITLE		Change Addition
NAME			5.2 N	IAME		
STREET ADDRESS			5.3 9	TREET ADORESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE			DELETE 6.1 T	ITLE		Change Addition
NAME			6.2 N	IAME		
STREET ADDRESS			6.3 9	TREET ADORESS		
CITY-ST-ZIP				CITY-ST-ZIP		
14. I hereby c	certify that the information supplied	d with this filing does no	t qualify for the ex	emption state	d in Section 119.07(3)(i), Florida Statutes. I further	certify that the information

accurate and that my signature shall have the same legal effect as if made under oath; that I am a to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in