F96000004890

TO: Qualification/lax Lien Section 5000001958295 -09/25/96-01049-002 *****70.00 *****70.00 **Division of Corporations** (Name of corporation - must include suffix) 111 CAN 181163 Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: Mnax S. I-In yele (Name of Person) EAGLE ENTER PASES INC.
(Firm/Company) 2517 1-1611 WAY #35 BUILDING C SUIK. 11/01 Mana squan, New Jersey 08136 Should you need to call someone concerning this matter, please call: $\frac{Mark 5}{\text{(Name of Person)}} \frac{1}{\text{(Name of Person)}}$ at $\frac{(908)}{(908)} \frac{525 - 0909}{(908)} \frac{DA9}{528 - 5477} \frac{DA9}{N16177}$

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399 MAILING ADDRESS: V

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sundra B. Morthum Secretary of State

September 3, 1996

MARK S. HAYEK %EAGLE ENTERPRISES, INC. 2517 HIGHWAY #35 BLDG C, STE #101 MANASQUAN, NJ 08736

SUBJECT: EAGLE ENTERPRISES, INC.

Ref. Number: W96000018402

We have received your document for EAGLE ENTERPRISES, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$70.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6097.

Michael Mays Document Specialist

Letter Number: 596A00041277

APPLICATION BY FOREIGN CORPÓRATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607,1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2.	(State or country under the law of which it is incorporated) (FBI number, if applicable)
4,	(Date of Incorporation) 5. Perperunt (Duration: Year corp. will cease to exist or "perpetual")
6.	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
7.	<u> </u>
8.	79(01 PLacida Road, Unit 11 ENGLEWAD, FI 372) (Current mailing address) CENERAL CONTRACTING (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: ROBERT BINFORD
	Office Address: 2961 Placida Road Unit 11
	ENGLEWOOD, Florida, 34224 (Zip Code)
10	. Registered agent's acceptance: (Zip Code)
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable) Chairman: Address: Vice Chairman: Address: ______ Director: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: RoBert BINFURD. ROAD Ocean Address: _____ Spring LAKE HELGHTS N.J. Vice President: Mark S. Hayck MAN 100 12D. MANA SQUAN NJ. 09736. Secretary: Roberta M. Hayek Address: 103 MAPITO RO. MANASQUAN, N. J. 08736 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors --(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

ROBERT BINFORD, PRESIDENT

(Typed or printed name and capacity of person signing application)

NEW JERSEY SECRETARY OF STATE

EAGLE ENTERPRISES INC.

I, THE SECRETARY OF STATE OF THE STATE OF NEW JERSEY, DO HEREBY CERTIFY THAT THE RECORDS OF THIS OFFICE SHOW THAT THE CHARTER/AUTHORITY OF THE ABOVE-NAMED NJ BUSINESS WAS FILED IN THIS OFFICE ON JAN. 03,1995.

I FURTHER CERTIFY, THAT SO FAR AS THE RECORDS OF THIS OFFICE SHOW, SAID BUSINESS HAS NOT BEEN DISSOLVED, CANCELLED, OR WITHDRAWN, NOR HAS ITS CHARTER/AUTHORITY BEEN VOIDED/REVOKED FOR NON-PAYMENT OF STATE TAXES BY PROCLAMATION. IT NOW CONTINUES TO MAINTAIN ACTIVE STATUS WITHIN THE STATE OF NEW JERSEY. AT THE TIME OF THE ISSUANCE OF THIS CERTIFICATE, ANNUAL REPORTS ARE CURRENT.

I FURTHER CERTIFY THAT THE LOCATION OF THE REGISTERED OFFICE IS 25.7 HWY 35 SUITE C101

MANASOHAN NJ 08736 AND THE REGISTERED AGENT IS ROBERT BINFORD.

SEP. 13,1996

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