

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 FEB -7 PM 4:24

DOCUMENT # **G67617** (2)

1. Corporation Name
HILLSBOROUGH EAGLE REALTY CORP.

Principal Place of Business Mailing Address
C/O MAGFARLANE-FERGUSON **C/O MAGFARLANE-FERGUSON**
111 MADISON STREET-SUITE 2300 **111 MADISON STREET-SUITE 2300**
TAMPA-FL 33602 **TAMPA-FL 33602**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Macfarlane Ausley, et al.		26 Macfarlane Ausley, et al.		10/28/1983	02/03/1994
22 c/o David M. Mechanik, Esq.		27 c/o David M. Mechanik, Esq.		4. FEI Number	Applied For
23 111 Madison St., #2300		28 111 Madison St., #2300		59-2376196	<input checked="" type="checkbox"/> Not Applicable
24 Tampa, FL		29 Tampa, FL		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 33602 US		30 33602 US		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26 33602 US		31 33602 US		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MECHANIK, DAVID M. C/O-MAGFARLANE-FERGUSON- 111 MADISON STREET #2300 TAMPA-FL 33602				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				c/o Macfarlane Ausley Ferguson & McMullen			
				84 City			
				85 Zip Code			
				FL			

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, typed or printed name of registered agent and title if applicable) (SOLE Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVLON, JOHN J.	1.2 NAME	
STREET ADDRESS	55 CHURCH ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLESTON SC	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, STEPHEN, JR	2.2 NAME	
STREET ADDRESS	160 COMMONWEALTH AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLMAN, JOHN, R	3.2 NAME	
STREET ADDRESS	6 SUNNYSIDE AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	DARIEN CT	3.4 CITY - ST - ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIFF, GORDON, J	4.2 NAME	
STREET ADDRESS	111 MADISON STREET #2300	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 199.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my reporting 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: Gordon J. Schiff January 24, 1995 (813) 273-4344
Gordon J. Schiff, Assistant Secretary