

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J44395** (8)

1. Corporation Name
CAMP EAGLE COVE, INC.



Principal Place of Business: % DONALD E. ROSS, 150 NE 5TH AVE, BOCA RATON FL 33432
Mailing Address: % DONALD E. ROSS, 150 NE 5TH AVE, BOCA RATON FL 33432

3. Date incorporated or Qualified: 12/01/1986
3a. Date of Last Report: 04/13/1995
4. FEI Number: 59-2762976
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: % DONALD E. ROSS, 212 W. COCONUT PALM RD., BOCA RATON, FL. 33432
2a. Mailing Address: % DONALD E. ROSS, 212 W. COCONUT PALM RD., BOCA RATON, FL. 33432
21. State, Apt. #, etc.: FL
22. City & State: BOCA RATON, FL.
23. Zip: 33432
24. Country: USA

9. Name and Address of Current Registered Agent: ROSS, DONALD E., 150 NE 5TH AVE, BOCA RATON FL 33432

10. Name and Address of New Registered Agent: ROSS, DONALD E., 212 W. COCONUT PALM RD., BOCA RATON FL 33432

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: *Donald E. Ross* 1-29-96

12. OFFICERS AND DIRECTORS

TITLE	P	ROSS, DONALD E.	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		150 NE 5TH AVE	
CITY-STATE-ZIP		BOCA RATON FL	
TITLE	D	ROSS, HELEN L.	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		150 NE 5TH AVE	
CITY-STATE-ZIP		BOCA RATON FL	
TITLE	D	CARVILLE, GERALD	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		2156 ACORN PALM RD	
CITY-STATE-ZIP		BOCA RATON FL	
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P	ROSS, DONALD E.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME			
3. STREET ADDRESS		212 W. COCONUT PALM RD.	
4. CITY-STATE-ZIP		BOCA RATON, FL. 33432	
2. TITLE	D	ROSS, HELEN L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME			
23. STREET ADDRESS		212 W. COCONUT PALM RD.	
24. CITY-STATE-ZIP		BOCA RATON, FL 33432	
3. TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME			
33. STREET ADDRESS			
34. CITY-STATE-ZIP			
4. TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME			
43. STREET ADDRESS			
44. CITY-STATE-ZIP			
5. TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME			
53. STREET ADDRESS			
54. CITY-STATE-ZIP			
6. TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME			
63. STREET ADDRESS			
64. CITY-STATE-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 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: *Donald E. Ross* 1/29/96 407 994 7267

CR2E034 (12/95)