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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J91608 (6)
1. Corporation Name
EAGLE EQUIPMENT CORPORATION OF PINELLAS



Principal Place of Business: 2865 EXECUTIVE DR, C/O COPPERWHEAT, JACQUELYN, CLEARWATER FL 34622, US

Mailing Address: 2865 EXECUTIVE DR, C/O COPPERWHEAT, JACQUELYN, CLEARWATER FL 34622-3316, US

3. Date Incorporated or Qualified: 09/10/1987

3a. Date of Last Report: 05/01/1996

4. FEI Number: 59-2847321

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 (21-23): Suite, Apt. #, etc.; City & State; Zip; Country

2a. Mailing Address (26-30): Suite, Apt. #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent: RICE, MARTIN ERROL, 696 FIRST AVENUE NORTH, SUITE 400, ST. PETERSBURG, 33701

10. Name and Address of New Registered Agent (81-85): Name, Street Address, City, State (FL), 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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	NAME: RISSER, P. N., III	1.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2865 EX DR	CITY-ST-ZIP: CLEARWATER FL	1.2 NAME:	
		1.3 STREET ADDRESS: 2865 Executive Dr	
		1.4 CITY-ST-ZIP:	
TITLE: S	NAME: COPPERWHEAT, JACQUELYN	2.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2865 EX DR	CITY-ST-ZIP: CLEARWATER FL	2.2 NAME:	
		2.3 STREET ADDRESS: 2865 Executive Dr	
		2.4 CITY-ST-ZIP:	
TITLE: VP	NAME: MITCHELL, BRUCE	3.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2865 EX DR	CITY-ST-ZIP: CLEARWATER FL	3.2 NAME:	
		3.3 STREET ADDRESS: 2865 Executive DR	
		3.4 CITY-ST-ZIP:	
TITLE: VP	NAME: KATCHUK, KERRY	4.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2865 EX DR	CITY-ST-ZIP: CLEARWATER FL	4.2 NAME:	
		4.3 STREET ADDRESS: 2865 Executive DR	
		4.4 CITY-ST-ZIP:	
TITLE: T	NAME: CURRAN, JOHN	5.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2865 EX DR	CITY-ST-ZIP: CLEARWATER FL	5.2 NAME:	
		5.3 STREET ADDRESS: 2865 Executive Dr	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jacquelyn M. Copperwheat Date: 4/8/97 (813) 573-4000

CR2E034 (9/96)