

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 02, 1999 8:00 am
Secretary of State

09-02-1999 90006 034 ****70.00

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

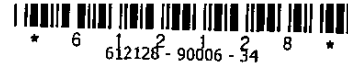


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000001275

1. Corporation Name

YOUNG EAGLES INC.



Principal Place of Business

18015 NW 25TH COURT
 MIAMI FL 33056

Mailing Address

18015 NW 25TH COURT
 MIAMI FL 33056

2. Principal Place of Business

21 1201 NW 111 STREET

Suite, Apt. #, etc.
 22 ALLEN CHAPEL AVE CH.

City & State
 23 MIAMI, FL

Zip
 24 33167

Country
 25 USA

2a. Mailing Address

28 18015 NW 25 COURT

Suite, Apt. #, etc.

City & State
 28 MIAMI, FL

Zip
 29 33056

Country
 30 USA

3. Date Incorporated or Qualified

03/03/1997

4. FEI Number

65-0742005

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

SILAS, J B
 18015 NW 25TH COURT
 MIAMI FL 33056

10. Name and Address of New Registered Agent

81 Name **REV. JOS. B. SILAS**
 82 Street Address (P.O. Bpx Number is Not Acceptable)
 18015 NW 25 COURT
 83
 84 City **MIAMI, FL** 85 Zip Code **33056**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

J. B. Silas

08/31/99

Signature typed or printed name of registered agent and date, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILAS, J B	1.2 NAME	
STREET ADDRESS	18015 NW 25TH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, LUCIUS	2.2 NAME	
STREET ADDRESS	1330 NW 189TH TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, SYLVIA	3.2 NAME	D SMITH, SYLVIA MS.
STREET ADDRESS	346 NW 43RD ST	3.3 STREET ADDRESS	346 NW 43 STREET
CITY-ST-ZIP	MIAMI FL 33127	3.4 CITY-ST-ZIP	MIAMI FL 33127
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, PRINCESS	4.2 NAME	S MILLER, P. MARIE MS.
STREET ADDRESS	2914 NW 49TH ST	4.3 STREET ADDRESS	2914 NW 49 STREET
CITY-ST-ZIP	MIAMI FL 33142	4.4 CITY-ST-ZIP	MIAMI, FL 33142
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHEELER, JACK W	5.2 NAME	V P / D
STREET ADDRESS	8310 NW 10TH AVE	5.3 STREET ADDRESS	MATEEN MALIK MR.
CITY-ST-ZIP	MIAMI FL 33150	5.4 CITY-ST-ZIP	17031 NW 12 AVENUE
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, ANDY	6.2 NAME	T/D YOUNG, ANDY B.
STREET ADDRESS	1614 NW 189TH TERR	6.3 STREET ADDRESS	1614 NW 189 TERR
CITY-ST-ZIP	MIAMI FL 33169	6.4 CITY-ST-ZIP	MIAMI, FL 33169

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

J. B. Silas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/31/99

Date

Daytime Phone #

CR2E037 (5/99)

N 97000001275
612128-90000-34

YOUNG EAGLES, INC

FEI 65-0742005

OFFICERS & DIRECTORS CONTINUED

D
REV. JIMMIE L. BROWN
2320 SE 7 PLACE
MIAMI, FL 33033

Addition

D
DR. WILLIE L. BROWN
2803 N.W. 212 TERRACE
MIAMI, FL 33055

Addition

D
GLORIA M. YOUNG
1614 N.W. 189 TERRACE
MIAMI, FL 33169

Addition