


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthach Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000071675 (8)
1. Corporation Name
3 EAGLES AVIATION, INC.



Principal Place of Business 1207 NORTH HIMES SUITE 3 TAMPA FL 33607-5041	Mailing Address 1207 NORTH HIMES SUITE 3 TAMPA FL 33607-5041
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3. Date Incorporated or Qualified 08/28/1996	3a. Date of Last Report
4. FEI Number 59-3399970	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent
**EVANS, NOEL K ESQ
201 EAST KENNEDY BOULEVARD
SUITE 1500
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kenneth R. Henriquez	
1.3 STREET ADDRESS	1207 N. Himes Ave., #3	
1.4 CITY - ST - ZIP	Tampa, FL 33607	
2.1 TITLE	V/P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John G. Sellers	
2.3 STREET ADDRESS	1207 N. Himes Ave., #3	
2.4 CITY - ST - ZIP	Tampa, FL 33607	
3.1 TITLE	Sec.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Richard F. Arens	
3.3 STREET ADDRESS	1207 N. Himes Ave., #3	
3.4 CITY - ST - ZIP	Tampa, FL 33607	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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: *Richard F. Arens* **RICHARD F. ARENS** 4-11-97 (813) 876-0811

CFR2E034 (9/96)