

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 APR 14 PM 3: 34

DOCUMENT # **P94000053321 (3)**

1. Corporation Name

BALD EAGLE, INC.

Principal Place of Business

210 CAPTAINS WALK #705
DELRAY BEACH FL 33483

Mailing Address

210 CAPTAINS WALK #705
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

07/19/1994

3a. Date of Last Report

2. Principal Place of Business

21 **Bald Eagle, Inc.**

2a. Mailing Address

26 **Bald Eagle, Inc.**

4. FEI Number

65-0511646

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **300 Captains Walk, #112**

Suite, Apt. #, etc.

27 **Rt. 1 Box 36A**

5. Certificate of Status Desired **NO**

\$8.75 Additional Fee Required

City & State

23 **Delray Beach, FL**

City & State

28 **Shickley, NE.**

6. Election Campaign Financing Trust Fund Contribution **NO**

\$5.00 May Be Added to Fees

Zip

24 **33483**

Country

25 **USA**

Zip

29 **68436**

Country

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**EMO CORPORATE SERVICES INC
100 NE THIRD AVE
SUITE 1100
FT LAUDERDALE FL 33301**

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 607.0509, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the # applicable

(NOTE: Registered Agent signature required when restoring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

1. TITLE	OWNER P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Rex Biegert	
3. STREET ADDRESS	300 Captains Walk #112	
4. CITY - ST - ZIP	Delray Beach, FL 33483	
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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:

Rex Biegert Rex Biegert

4-6-95

402-627-9685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exhibit # 12 or 13