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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 224621

1. Corporation Name

(3)

EAGLES NEST MOUNTAIN ESTATES INC

Principal Place	e of Business	Mailing Address	Mailing Address				L FOULD TIMES PERFECTION OF A STREET	i fiyi didii didii	eidii didi i i	
	REET NORTH BURG FL 33702		6401 9TH STREET NORTH ST. PETERSBURG FL 33702							
							 Date Incorporated or Qualified 06/06/1959 	3a. Date of Last Report 05/31/1995		
	face of Business	2a. Mailing Address	···				4. FEI Number		h	Applied For
Suite, Apt.	+ Ab	Suite Aut # etc	<u> </u>				59-0877930			Not Applicable
22		Suite, Apt. #, etc.	27				5. Certificate of Status Desired			Additional Required
City & State	θ	City & State	<u> </u>			(Election Campaign Financing Trust Fund Contribution		-	0 May Be d to Fees
Zip	Country	Country Zip C			untry 8. This corporation has liability			intangible tax		
24	25					Florida Statutes Yes XXNo				
	Name and Address of Current Registered Agent						Name and Address of New F	legistered A	gent	
				81	Name					_
) L. MCMILLAN H STREET NO.				Street /	Address ((P.O. Box Number is Not Acceptat	yle)		
	ERSBURG FL 33702			83				·		
	mination 1 & 40.45			-						
				84	City			FL	85 Z	p Code
or register	to the provisions of Sections 607.050 red agent, or both, in the State of Floi th, and accept the obligations of, Sec	ndo. Such change was authoriz	red by the	corp	named co oration's	corporation s board of	submits this statement for the pul directors. I hereby accept the app	rpose of char ointment as r	iging its registered	egistered office Lagent. Lam
SIGNATURE	Signature, typed or printed name of regularish age-	of and tipe it applicable (NC)	FF Begistere	al Agen	 Isdrala∈n	 ne uaroa1 wher	e norted starts	DATE		
12.		ND DIRECTORS					ADDITIONS/CHANGES TO OFF		DIRECTO)BS IN 12
TITLE	ST	-		1 TITLE		T			Change	Addition
NAME	DECOSMO, JOHN B.		1.2 NAME				••	•		
STREET ADDRESS	X RODO XIXTM XIXTM DEXTX NO.		1.3 STREET ADDRESS		2178	3 MONTANA AVENUE N	Ε			
CITY-ST-ZIP	ST. PETERSBURG FL				ST.	PETERSBURG, FL 3:				
TITLE	P CAMERO THOMAS D ID			TITLE] Change	Addition
NAME	DANIELS, THOMAS B JR			2.2 NAME						
STREET ADDRESS	6401 9TH STREET NORTH ST PETERSBURG FL			2.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	VP	DELETE	3 1 TITLE		T ZIP			-	1 Obsess	FT Avenue
NAME	FAZIO, FRANK V.	L) better						LI] Change	Addition
STREET ADDRESS	666 6TH STREET SO.		3.2 NAME 3.3 STREET ADDRE		Annatee					
CITY-ST-ZIP	OT DETERORIDO EL			SITY-S						
THLE			TITLE	1.71] Change	☐ Addition	
NAME				NAME				٠	0.009-	
STREET ADDRESS					ADDRESS	-				
CITY - ST - ZIP				DITY - S'						
TITLE		DELETE.		TITLE		1] Change	☐ Addition
NAME			521	NAME						
STREET ADDRESS	Table		538	STHEET	ADDRESS					
CITY-ST-ZIP			540	OTY-S	1 - ZIF	<u></u>				
TITLE		☐ DELETE		1 TITLE) Change	Addition
NAME			62 N	NAME						
STREET ADDRESS			635	STREET	ADDRESS					
CITY-ST-ZIP 14 Ldo hereb	v certify that the information supplied	with this filma is voluntable for		Ldoos		alfu for the	o avamation stated in Castins 440	07/9/64 Ft -	do Ct-t 1	on I double

4. 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 of the receiver of trustee enpowered 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 a state intensive the receiver of trustee.

SIGNATURE:

NATURE AND SPEED OR PRINTED NAME OF SCHING OFFICER OR DIRECTOR

3/11/96

(813)525-1564