

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

FILED

Feb 05 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 # 851394 (7)
 1. Corporation Name
EAGLE RIDGE INVESTMENT CORP.



Principal Place of Business 14589 EAGLE RIDGE DR., S.E. FT MYERS FL 33912	Mailing Address 14589 EAGLE RIDGE DR., S.E. FT MYERS FL 33912-1804
---	--

3. Date Incorporated or Qualified 12/28/1981	3a. Date of Last Report 03/26/1996
4. FEI Number 59-2143033	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent MADDOX, WILLIAM E. 14589 EAGLE RIDGE DR., S.E. FT. MYERS FL 33912	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, FREDRICK	1.2 NAME	
STREET ADDRESS	6818 GRIFFIN BLVD.	1.3 STREET ADDRESS	1056 North Town & River Rd.
CITY-ST-ZIP	FT MYERS, FL 00000	1.4 CITY-ST-ZIP	Ft. Myers, FL 33919
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLB, RICHARD H	2.2 NAME	
STREET ADDRESS	3215 W GULF DR UNIT E201	2.3 STREET ADDRESS	14811 Laguna Dr. - A401
CITY-ST-ZIP	SANIBEL ISL. FL	2.4 CITY-ST-ZIP	Ft. Myers, FL 33908
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	Change <input type="checkbox"/> Addition
NAME	MADDOX, WILLIAM	3.2 NAME	
STREET ADDRESS	14589 EAGLE RIDGE DR. SE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, MICHAEL	4.2 NAME	
STREET ADDRESS	203 N. LASALLE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 00000	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 H. Koll, Treasurer* **1/29/97** **941-768-0615**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)