

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F84484** (7)

1. Corporation Name
GREAT EAGLE, INC.



Principal Place of Business Mailing Address
% CLAUDE C. FOCARDI
2310 STARKEY ROAD
LARGO FL 34641

3. Date Incorporated or Qualified **06/08/1982** 3a. Date of Last Report **06/23/1995**
4. FEI Number **59-2201065** 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**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
FOCARDI, CLAUDE C.
2310 STARKEY ROAD
LARGO FL 34641

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RUBRIGHT, CRAIG A.	
STREET ADDRESS	1811 WEATHERSTONE	
CITY - ST - ZIP	SAFETY HARBOR FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FOCARDI, NINA	
STREET ADDRESS	2432 PELHAM RD N	
CITY - ST - ZIP	ST PETERSBURG, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BELL, RICHARD	
STREET ADDRESS	14567 102ND AVE N	
CITY - ST - ZIP	LARGO, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PETRINI, RONALD R.	
STREET ADDRESS	12951 ESTATE TERRACE S.	
CITY - ST - ZIP	LARGO FL	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	SOKOLOWSKI, CLAUDIA (AST)	
STREET ADDRESS	8341 144 LANE N.	
CITY - ST - ZIP	SEMINOLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NELSON, DONALD	
STREET ADDRESS	49 BISHOP CREEK DR.	
CITY - ST - ZIP	SAFETY HARBOR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 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)(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 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: *[Signature]* 1/17/96 (813) 584-8626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)