

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

FILED
Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F84484** (7)

1. Corporation Name
GREAT EAGLE, INC.



Principal Place of Business % CLAUDE C. FOCARDI 2310 STARKEY ROAD LARGO FL 34641	Mailing Address % CLAUDE C. FOCARDI 2310 STARKEY ROAD LARGO FL 33771-3852
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/08/1982	3a. Date of Last Report 01/29/1996
4. FEI Number 59-2201065	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	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 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, unchanged, or on an attachment to this report.

SIGNATURE: _____ DATE: **2/3/97** DAYTIME PHONE #: **(813) 584-8626**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)