


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

FILED
Jan 27, 1999 8:00am
Secretary of State

01-27-1999 90060 042 ****150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F84484

1. Corporation Name
GREAT EAGLE, INC.



Principal Place of Business % CLAUDE C. FOCARDI 2310 STARKEY ROAD LARGO FL 33771 US	Mailing Address % CLAUDE C. FOCARDI 2310 STARKEY ROAD LARGO FL 33771 US
---	---

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 06/08/1982	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2201065	
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 owes the current year Intangible Personal Property Tax.	<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	85 Zip Code FL

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	<input type="checkbox"/> DELETE
NAME	D RUBRIGHT, CRAIG A.
STREET ADDRESS	119 OZONA RIVE
CITY-ST-ZIP	PALM HARBOR FL
TITLE	<input type="checkbox"/> DELETE
NAME	SD FOCARDI, NINA
STREET ADDRESS	2432 PELHAM RD N
CITY-ST-ZIP	ST PETERSBURG, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	VD BELL, RICHARD
STREET ADDRESS	14567 102ND AVE N
CITY-ST-ZIP	LARGO, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	VD PETRINI, RONALD R.
STREET ADDRESS	12951 ESTATE TERRACE S.
CITY-ST-ZIP	LARGO FL
TITLE	<input type="checkbox"/> DELETE
NAME	ATD SOKOLOWSKI, CLAUDIA (AST)
STREET ADDRESS	8341 144 LANE N.
CITY-ST-ZIP	SEMINOLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	V 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 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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ Date _____ Daytime Phone # _____

CR2E034 (1/198)