

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # F93000000241 (0)

1. Corporation Name

THE EAGLE'S EYE, INC. OF DELAWARE

FILED

95 AUG -7 AM 11: 09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business: **1001 WASHINGTON ST. CONSHOHOCKEN PA 19428**
Mailing Address: **1001 WASHINGTON ST. CONSHOHOCKEN PA 19428**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		01/20/1993	07/08/1994
22		27		4. FEI Number	Applied For
City & State		City & State		51-0195263	Not Applicable
23		28		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip		Country		<input type="checkbox"/>	<input type="checkbox"/>
24		29		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25		30		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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

Signature (Type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCH, ROBERT L	1.2 NAME	
STREET ADDRESS	1001 WASHINGTON ST.	1.3 STREET ADDRESS	
CITY, ST, ZIP	CONSHOHOCKEN PA 19428	1.4 CITY, ST, ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCH, J. CHRISTOPHER	2.2 NAME	
STREET ADDRESS	1001 WASHINGTON ST.	2.3 STREET ADDRESS	
CITY, ST, ZIP	CONSHOHOCKEN PA 19428	2.4 CITY, ST, ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORGE, DANIEL J.	3.2 NAME	
STREET ADDRESS	1001 WASHINGTON ST.	3.3 STREET ADDRESS	
CITY, ST, ZIP	CONSHOHOCKEN PA 19428	3.4 CITY, ST, ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIBILIA, MICHAEL E.	4.2 NAME	
STREET ADDRESS	1001 WASHINGTON ST.	4.3 STREET ADDRESS	
CITY, ST, ZIP	CONSHOHOCKEN PA 19428	4.4 CITY, ST, ZIP	
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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: Daniel Gorge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E004 (3/95)