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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H02920

(7)

EAGAN & ASSOCIATES, INC.

Principal Place of Business Mailing Address  515 JENNIFER LANE 515 JENNIFER LANE					<del></del>	_					
WINDERMERE FL 34786 US		WINDERMERE FL 34786-6	WINDERMERE FL 34786-8400								
							3. Date Incorporated or Qualified 05/09/1984	3a. Date of Last Report 03/11/1996			
	ace of Rusiness	2a. Mailing Address	¬ •				4. FEI Number 59-2883715		<u> </u>	oplied For	
Suite, Apt	# etc.	Suite, Apt. #, etc.								ot Applicable Additional	
22		27					5. Certificate of Status Desired	U_	Fee Re	equired	
City & State	?	City & State	¬ `				Election Campaign Financing     Trust Fund Contribution			May Be to Fees	
<b>23</b>	Country	28 Zip	Zip Country				This corporation has liability for				
24	25 29			] F			Florida Statutes Yes No				
	9. Name and Address of Current	l Registered Agent				1	0. Name and Address of New Re	gistered	Agent		
	AN-LITVANY, SANDRA R.			B1	Name						
515 JENNIFER LANE WINDERMERE FL 34786				82	Street Ad	ddress	(P.O. Box Number is Not Acceptal	ole)			
AAIM	DERMERE PL 34/00			83							
					0.4	<del></del>			lost 7:-	Carla	
				84	City			FL	<b>85</b> Zip	Code	
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida State of Florida, Such change was	utes, the at	XOVB	-named co	corporal	tion submits this statement for the part of directors. I hereby access	ourpose of	changing it	ts 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	Stoy ature, typing or printed name of registered ager	at and title description. This	TE Desistas	4	al alamah sa sa	and the second	hen reinstating)	DATE			
12.	OFFICERS AND		13.	ı Agei	T SIGNATURE FO	rednisea w	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12	
Tillif	PD	☐ DELETE	1.1 77	rle	<u> </u>	*******			Change	Addition	
NAME	LITVANY, SANDRA		1.2 NA	ME							
STREET ADDRESS	515 JENNIFER LANE		1.3 \$1	REET	ADDRESS						
CITY-SI-ZIP	WINDERMERE FL		1.4 CI		- ZiP				1 7		
TITLE		☐ DELETE	2.1 Ti		1				Change	Addition	
N4ME			2.2 N/								
STREET ADDRESS			1		ADDRESS						
CHY-ST ZIP TITLE		DELETE	2.4 C		1- ZIP				Change	Addition	
NAME.			3.2 NA						•		
STREET AFFORESS			3.3 ST	REET	ADDRESS						
CITY-SE ZIF	To a second seco		3.4. C		T- ZIP						
1 ILF		☐ DELETE	4.1 11						Change	Addition	
NAME			4 2 N								
STHEFT ACHIRESS					ADDRESS						
CITY-ST-ZIP		DELETE	4.4 CI 5.1 TI		- ZIP				Change	Addition	
TITLE NAME			5.1 N						- Subrigo	Addition	
STREET ADDRESS					ADDRESS					ĺ	
CITY-\$1-7IF			5.4 Ct								
TITLE		DELETE	6.1 10						☐ Change	Addition	
NAME			6.2 N						-		
STREET ADDRESS					ADDRESS					İ	
CITY-ST-ZIP			6.4 CI	TY-\$1	T - 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 open attachment with an address.

895-1212

**FILED** 

Apr 08 1997 8:00am

Secretary of State