

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

• PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # H33286 (6)  
1. Corporation Name  
EAGLE PRESS, INC.

Principal Place of Business	Mailing Address
4451 ENTERPRISE CT STE B MELBOURNE FL 32935 US	4451 ENTERPRISE CT STE B MELBOURNE FL 32935 US



2. Principal Place of Business		2a. Mailing Address		12/10/1984		07/27/1995	
21	4450 ENTERPRISE CT	26		4. FEI Number	59-2494483	Applied For	
	Suite, Apt. #, etc.		Suite, Apt. # etc.			Not Applicable	
22	STE G	27		5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
	City & State		City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
23	MELBOURNE FL 32935	28		8. This corporation has liability for intangible tax under s. 199 032 Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Zip		Zip				
24	32935	29					
	Country		Country				
25	BREVARD	30					

BEASLEY, GREGORY MARK  
4451 ENTERPRISE CT  
STE B  
MELBOURNE FL 32901

**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

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering.)

5416

[illegible]

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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

61.9

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