FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H47527 (7)

1. Corporation Name
THE EAGLES DEVELOPMENT COMPANY OF TAMPA BAY

Principal Place of Business	Mailing Address
% THE EAGLES LTD 16101 NINE EAGLE DRIVE ODESSA FL 33556	% THE EAGLES, LTD 16101 NINE EAGLE DRIVE ODESSA FL 33556

3. Date Incorporated or Qualified: 03/18/1985
3a. Date of Last Report: 03/31/1994
4. FEI Number: 13-3261458 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [ ] No

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

9. Name and Address of Current Registered Agent

KAUFENBERG, MARY D.
16101 NINE EAGLE DRIVE
ODESSA FL 33556

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 Section 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP	TITLE	[ ] Change [ ] Addition
NAME	GIARDINO, ALFRED	NAME	
STREET ADDRESS	4600 FIELDSTON ROAD	STREET ADDRESS	
CITY-ST-ZIP	BRONX NY	CITY-ST-ZIP	
TITLE	DT	TITLE	[ ] Change [ ] Addition
NAME	LAMBOS, CONSTANTINE P.	NAME	
STREET ADDRESS	BOX 1088, INNISBROOK N/A	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34688	CITY-ST-ZIP	
TITLE	EDS	TITLE	[ ] Change [ ] Addition
NAME	KAUFENBERG, MARY D.	NAME	
STREET ADDRESS	INNISBROOK, POB 1088	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: C. P. Lambos Treas April 27, 1995 813 920-6681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0441258 FP