

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **H68620** (4)

1. Corporation Name
SEVEN EAGLES, INC.

95 FEB 21 AM 9:00

Principal Place of Business: 43309 US HWY 19 N, P.O. BOX 1608, TARPON SPRINGS FL 34688-8608
Mailing Address: 43309 US HWY 19 N, P.O. BOX 1608, TARPON SPRINGS FL 34688-8608

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/29/1985**
3a. Date of Last Report: **02/23/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2558286		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

FRIEDLAND, LEW
43309 US HWY 19 N
TARPON SPRINGS FL 34688

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: _____ (NOTE: Registered Agent signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLS, JAMES P.	1.2 NAME	DV GARY SALING
STREET ADDRESS	43309 US HWY 19 NORTH	1.3 STREET ADDRESS	43309 US HWY 19 N
CITY - ST - ZIP	TARPON SPRINGS FL	1.4 CITY - ST - ZIP	TARPON SPRINGS FL
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDLAND, LEW	2.2 NAME	
STREET ADDRESS	43309 US HWY 19 NORTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	TARPON SPRINGS FL	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, DAVID	3.2 NAME	DST
STREET ADDRESS	43309 US HWY 19 NORTH	3.3 STREET ADDRESS	
CITY - ST - ZIP	TARPON SPRINGS FL	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERNELL, DONALD	4.2 NAME	
STREET ADDRESS	11422 SR 54	4.3 STREET ADDRESS	
CITY - ST - ZIP	ODESSA FL	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 110.07(3)(a), 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 (changed, or on an attachment) with an address.

SIGNATURE: *[Signature]* LEW FRIEDLAND 1-30-95 813-942-2591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)