FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 27 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J81882 (9)FIRST EAGLE CORPORATION Principal Place of Business Mailing Address 3111 CARDINAL BRIVE 3111 CARDINAL DRIVE VERO BEACH FL 32963 VEBO BEACH FL 32963 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 07/07/1987 4. FEI Number 2. Principal Place of Business Applied For 531 Indian Harbon Drive 531 Indian Horber Road 59-2834147 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6, Election Campaign Financing \$5.00 May Be Beach Vero Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 4 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent O'HAIRE, MICHAEL 3111-CARDINAL-BRIVE S VERO BEACH FL 32963 83 84 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 rege tered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE **S** Change TITLE 1.1 TITLE Addition MAYS, PATRICIA A NAME 1.2 NAME **8386.75**TH COURT STREET ADDRESS 1.3 STREET ADDRESS **Mero** Beach Fl CITY-ST-ZIP 1.4 CHY-ST-ZIP **K** Change TITLE **Z** DELETE 2.1 TITLE Addition **D'**HAIRE, MICHAEL NAME 2.2 NAME **3111 CARDINAL DRIVE** STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2.4 CITY- ST-ZIP DELETE Change Addition TITLE 3.1 TITLE Shawn M. Have NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY-ST-ZIP DELETE TITLE Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C/IV - ST - 7/P DELETE Change Addition 5.1 THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I 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 on an artifacture of the corporation of the corporation of 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 artifacture of the corporation of the corp

6.4 City - St - 7IP

CITY-ST-ZIP