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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K21890 (4)

1. Corporation Name
EAGLE TRANSIT, INC.

Principal Place of Business
85832 OVERSEAS HWY
P O BOX 1157
ISLAMORADA FL 33036

Mailing Address
85832 OVERSEAS HWY
P O BOX 1157
ISLAMORADA FL 33036-1157



3. Date Incorporated or Qualified 04/18/1988
3a. Date of Last Report 05/01/1996

| | | | |
|--------------------------------|---------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 | 26 | 65-0056819 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 22 | 27 | | |
| City & State | City & State | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 23 | 28 | | |
| Zip | Country | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 24 | 25 | 29 | 30 |

9. Name and Address of Current Registered Agent

WRIGHT, KENNETH R
85832 OVERSEAS HWY
ISLAMORADA FL 33036

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 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 reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|--|
| TITLE | PM | 1.1 TITLE | |
| NAME | WRIGHT, KENNETH R | 1.2 NAME | |
| STREET ADDRESS | 85832 OVERSEAS HWY, #2 | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | ISLAMORADA FL | 1.4 CITY - ST - ZIP | |
| TITLE | VD | 2.1 TITLE | |
| NAME | OCKERLUND, LORALEE | 2.2 NAME | |
| STREET ADDRESS | 87465 OLD HWY #104 | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | ISLAMORADA FL | 2.4 CITY - ST - ZIP | |
| TITLE | VD | 3.1 TITLE | |
| NAME | HRUSKA, MARK | 3.2 NAME | |
| STREET ADDRESS | 21 SOUTH EAST 5TH ST. | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | BOCA RATON FL | 3.4 CITY - ST - ZIP | |
| TITLE | VD | 4.1 TITLE | |
| NAME | TEAGUE, GLORIA J | 4.2 NAME | |
| STREET ADDRESS | 108003 OVERSEASE HIGHWAY | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | KEY LARGO FL | 4.4 CITY - ST - ZIP | |
| TITLE | TD | 5.1 TITLE | |
| NAME | LOCKWOOD, MALCOLM | 5.2 NAME | |
| STREET ADDRESS | 85832 OVERSEAS HWY, #5 | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | ISLAMORADA FL | 5.4 CITY - ST - ZIP | |
| TITLE | SD | 6.1 TITLE | |
| NAME | MACDONALD, PAUL | 6.2 NAME | |
| STREET ADDRESS | 87465 OLD HWY, #5 | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | ISLAMORADA FL | 6.4 CITY - ST - 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 holder 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH R. WRIGHT, PM

Date

JAN 20/97 (905) 664-8717

Daytime Phone #

CR2E034 (9/96)