


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 85932 OVERSEAS HWY P O BOX 1157 ISLAMORADA FL 33036			Mailing Address 85932 OVERSEAS HWY P O BOX 1157 ISLAMORADA FL 33036		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/18/1988 4. FEI Number 65-0056819 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent WRIGHT, KENNETH R 85932 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 Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PM	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, KENNETH R		1.2 NAME		
STREET ADDRESS	85932 OVERSEAS HWY, #2		1.3 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TEAGUE, GLORIA J		4.2 NAME		
STREET ADDRESS	106003 OVERSEASE HIGHWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL		4.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOCKWOOD, MALCOLM		5.2 NAME		
STREET ADDRESS	85932 OVERSEAS HWY, #5		5.3 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL		5.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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		

SIGNATURE:

K. R. WRIGHT

MAR 31/98 (95)664-8717

CR2E034 (10/97)