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May 04 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 # L02110 (9)
1. Corporation Name
EAGLE HOMES, INC.



Principal Place of Business Mailing Address
565 OAKS LANE #504 565 OAKS LANE #504
POMPANO BEACH FL 33069 POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 4000 Cypress Grove Wy 26 4000 Cypress Grove Wy
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 602 27 #502
City & State City & State
23 POMPANO BEACH FL 28 POMPANO BEACH FL
Zip Zip Country Country
24 33069 25 USA 29 33069 30 USA

3. Date incorporated or Qualified
07/13/1989
4. FEI Number 65-0132469 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees
7. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No
8. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
BOLLIER, JON J.
8533 NW 11TH STREET
CORAL SPRINGS FL 33071

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PSD 11 TITLE
NAME CABRERA, LUIS MARIANO 12 NAME
STREET ADDRESS 565 OAKS LANE 13 STREET ADDRESS
CITY-ST-ZIP POMPANO BEACH FL 14 CITY-ST-ZIP
TITLE VPD 21 TITLE
NAME CABRERA, JACQUELINE A. 22 NAME
STREET ADDRESS 565 OAKS LANE 23 STREET ADDRESS
CITY-ST-ZIP POMPANO BEACH FL 24 CITY-ST-ZIP
TITLE VP 31 TITLE
NAME GUY, LANCE 32 NAME
STREET ADDRESS 1287 FRANGI PANI CIRCLE 33 STREET ADDRESS
CITY-ST-ZIP LANTANA FL 34 CITY-ST-ZIP
TITLE 4.1 TITLE
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE 5.1 TITLE
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE 6.1 TITLE
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 amendment with an address.

SIGNATURE 4/24/98 216925032

CR2E034 (10/97)