

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N38343 (2)

1. Corporation Name

EAGLE ALL-SPORTS BOOSTERS, INC.

Principal Place of Business

C/O ERNIE MODUGNO
1100 22ND AVE. NORTH
NAPLES FL 33940

Mailing Address

C/O ERNIE MODUGNO
1100 22ND AVE. NORTH
NAPLES FL 33940



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/29/1990		3a. Date of Last Report 05/11/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0209554		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MODUGNO, ERNIE 1100 22ND AVE. NORTH NAPLES FL 33940				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	VD	1.1 TITLE	
NAME	MASSEY, SUSAN	1.2 NAME	
STREET ADDRESS	1673 3RD ST. SO.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	ROGERS, JANE	2.2 NAME	
STREET ADDRESS	2223 SNOOK DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33962	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	TORRES, SHEILA	3.2 NAME	
STREET ADDRESS	2673 POINCIANA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	PD
NAME	SIGMOND, HARVEY	4.2 NAME	VIOSKY, JOHN
STREET ADDRESS	3486 DORADO WAY	4.3 STREET ADDRESS	740 BELLAIR CT
CITY-ST-ZIP	NAPLES FL 33942	4.4 CITY-ST-ZIP	NAPLES, FL 33963
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, 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

3-1-96 941 24 7277

Date

Daytime Phone #

CR2E037 (12/95)