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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38343

1. Corporation Name

EAGLE ALL-SPORTS BOOSTERS, INC.

Principal Place of Business

C/O ERNIE MODUGNO
100 22ND AVE. NORTH
NAPLES FL 33940

Mailing Address

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



Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/29/1990

City, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0209554

Applied For

Not Applicable

City

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

Country

Zip

Country

24

25

29

30

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 Zip Code

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 SD
NAME ROGERS, JANE
STREET ADDRESS 2223 SNOOK DRIVE
CITY-ST-ZIP NAPLES FL 33962

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME MOSCHEL, PATRICIA
STREET ADDRESS 51 2ND AVE ST
CITY-ST-ZIP NAPLES FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD
NAME SALLEY, LYNN
STREET ADDRESS 2481 COACH HOUSE LN
CITY-ST-ZIP NAPLES FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME SALLEY, SCOTT
STREET ADDRESS 2481 COACH HOUSE LN
CITY-ST-ZIP NAPLES FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)