

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P29677 (2)

1. Corporation Name

Eagle Growth Shares, Inc.

Principal Place of Business

**% The Corporation Trust Inc.
32 South Street
Baltimore, MD 21202**

Mailing Address

**% The Corporation Trust Inc
32 South Street
Baltimore, MD 21202**

3. Date Incorporated or Qualified
06/05/90

3a. Date of Last Report
02/14/95

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324**

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 607.1538, 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 date of filing

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Baxter, Donald H	
STREET ADDRESS	1200 North Federal Highway #424	
CITY-ST-ZIP	Boca Raton, FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Rohe, Ronald F	
STREET ADDRESS	1200 North Federal Highway #424	
CITY-ST-ZIP	Boca Raton, FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	Rohe, Ronald F	
STREET ADDRESS	1200 North Federal Highway #424	
CITY-ST-ZIP	Boca Raton, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	McArthur, Kenneth W	
STREET ADDRESS	93 Riverwood Parkway	
CITY-ST-ZIP	Ortoicoke, Ontario	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Meyer, Robert L	
STREET ADDRESS	25 Griffin Ave, PO Box 496	
CITY-ST-ZIP	Bedford Hills, NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Flaherty, Thomas J	
STREET ADDRESS	400 Ocean Road #175	
CITY-ST-ZIP	Vero Beach, FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Keogh, James	
13 STREET ADDRESS	202 West Lyon Farm Road	
14 CITY-ST-ZIP	Greenwich, CT	
21 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Utting, Robert A	
23 STREET ADDRESS	1 Place Ville Marie, P.O. Box 6001	
24 CITY-ST-ZIP	Montreal, Quebec	
31 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Parson, Donald P	
33 STREET ADDRESS	666 3rd Avenue	
34 CITY-ST-ZIP	New York, NY	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

**600001788106
-04/22/96--01019--023
***200.00**

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald F. Rohe Ronald F. Rohe Vice President 4/15/96 407-395-2155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Day

CR2E034 (12/95)

Handwritten signature/initials