

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

CORPORATION ANNUAL REPORT 1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 2:42

DOCUMENT # **P93000065461 (4)**

1. Corporation Name
AMERICAN EAGLE MANAGEMENT, INC.

Principal Place of Business Mailing Address
4600 E VINE ST-
STE D
KISSIMMEE FL 34741
US
P O BOX 423316
KISSIMMEE FL 34741
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/15/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3202445** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
27 **1311A California Ave** 26 **1204 Michigan Ave.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
27
City & State City & State
23 **St. Cloud FL** 28 **St. Cloud, FL**
Zip Country Zip Country
24 **34769** 25 **US** 29 **34769** 30 **US**

9. Name and Address of Current Registered Agent
COLVIN, KIMBERLY K
~~P O BOX 429516~~
~~KISSIMMEE FL 34742~~

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Not Applicable) **Kim Colvin**
B3 **1204 Michigan Ave.**
B4 City **St. Cloud, FL 34769** B5 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 *Kim Colvin* DATE **4-5-95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Director / President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLVIN, KIMBERLY K	1.2 NAME	Kimberly K. Colvin
STREET ADDRESS	3035 BIG SKY BLVD	1.3 STREET ADDRESS	1204 Michigan Ave
CITY - ST - ZIP	KISSIMMEE FL 34744	1.4 CITY - ST - ZIP	St. Cloud, FL 34769
TITLE	XXXXXXXXXXXXXXXXXXXX	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	XXXXXXXXXXXXXXXXXXXX	2.2 NAME	
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX	2.3 STREET ADDRESS	
CITY - ST - ZIP	XXXXXXXXXXXXXXXXXXXX	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: *Kim Colvin* DATE: **4-5-95** (407) 957-4300