SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000070512 (7)

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SECREMANY OF STATE
TALLAHASSEE FLORIDA

AMERICAN EAGLE HOMEBUILDERS, INC.					MEENINGOL	TE COMPA
						## 31 1 13 13 13 1 1
Principal Plac	ce of Business	Mailing Address			1 10011001 110 10100 11111 11111 11111 11111 11111	(4. do) 40 100 01 3010 1 5100 1 100 100 100 100 100 100 100 100
'		ū				•
7751 BELFORT PARKWAY P O BOX 16068 SUITE 350 JACKSONVILLE FL 32245					•	
JACKSONVILLE FL 32256 US			19		DO NOT WRITE IN THIS SPACE	
US					3. Date incorporated or Qualified	3a. Date of Last Report
, , , , , , , , , , , , , , , , , , ,					10/11/1993	04/22/1996
2, Principal Place of Business 2a, Mailing Address					4, FEI Number	Applied For
21 26				59-3204728	Not Applicable	
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
27		· · · · · · · · · · · · · · · · · · ·			Fee Required	
		City & State	State		6. Election Campaign Financing	\$5.00 May Be
23	28		1 00000		Trust Fund Contribution	Added to Fees
Žip	Country Zip		Countr	у	8. This corporation owes or has pai	— — — I
24	25 25 Name and Address of Curr	29 Panistared Agent	30		Personal Property Tax due June 10. Name and Address of New Rec	
		ont negistered Agent	81	Name	10. Name and Address of New neg	Instaled Agent
SIMON, BERT C				Taurie		
1660 PRUDENTIAL DRIVE			82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)
SUITE 203			83	}		
JA	ACKSONVILLE FL 32207		"	[
			84	City		85 Zip Code
44 Durange to the provisions of Captions 207 0500 and 207 1500 Clarida Clatifica				<u> </u>	The state of the s	FL 63 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named office or registered agent, or both, in the State of Florida. Such change was authorized by the cor agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.					tion's board of directors. I hereby accep	t the appointment as registered
agent. I a	am familiar with, and accept the obl	ligations of, Section 607.0505, F	lorida Statute	is.		· · ·
SIGNATURE			ST. B			
12.	Signature, typed or printed name of registered	ND DIRECTORS	13.	pent signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDS AND DIRECTORS IN 12
TITLE	DPT	DELETE	1.1 TITLE		ADDITIONOS INNACES TO CITTO	Change Addition
NAME	Time management		1,2 NAME	j		
STREET ADDRESS	TORK BEI PARK MARKET AND AND AND			T ADDRESS		
CITY-ST-ZIP	11 ALANA ANNI LE EL		1.4 CHY-SI-ZIP			Ì
TITLE	D DELETE		2.1 TITLE	31-11	4000022	94 92 d
NAME	SHEA, TIMOTHY G		2.2 NAME		-09/16/9	3701057013
STREET ADDRESS	MARK THE SAME AS MARKET AND ADD			****165.00 ****165.00		
CITY-ST-ZIP	JACKSONVILLE FL	01E. 000	2.4 CITY-	1		Ì
TITLE	DV	DELETE	3.1 TITLE	01-411		Change Addition
NAME	LAYTON, GLENN R	<u> </u>	3.2 NAME	1		
STREET ADDRESS	7751 BELFORT PARKWAY,	STE 350		T ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	VIE: 000	3.4. CITY			
TITLE		DELETE	4.1 T(TLE	A1-EII		Change Addition
NAME)	- · ·	4. 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	1		4.4 CITY-			
TITLE		DELETE	5.1 THTLE	21 - Til		Change Addition
NAME		_ · ···	5.2 NAME			
STREET ADDRESS				T ADDRESS		ļ
CITY-ST-ZIP			5.4 CITY-			
TITLE		DELETE	6.1 TITLE	V1 411		Change Addition
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS	$\int \int \int dt dt$	
- III - I POINT OF			2.0 Other	· · · · · · · · · · · · · · · · · · ·	111 11 1	1

CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do 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 chapter or or an attachment with an address.

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