

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000072972 (1)**

1. Corporation Name
EAGLE DATA, INC.



Principal Place of Business 3340 SCHERER DR #C ST PETERSBURG FL 33726	Mailing Address 3340 SCHERER DR #C ST PETERSBURG FL 33716-1013
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2. Principal Place of Business 21 12495 34th ST N State, Apt. #, etc. 22 Unit A City & State 23 ST PETERSBURG FL Zip 24 33716 25 PINELLAS	2a. Mailing Address 26 12495 34th ST N Suite, Apt. #, etc. 27 Unit A City & State 28 ST PETERSBURG FL Zip 29 33716 30 PINELLAS
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3. Date Incorporated or Qualified 10/15/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3206952	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 BOYUNG, JUDITH P 3340 SCHERER DR #C ST PETERSBURG FL 33726	10. Name and Address of New Registered Agent 81 Name Judith BOYUNG 82 Street Address (P.O. Box Number is Not Acceptable) 12495 34th ST N 83 Unit A 84 City ST PETERSBURG FL 85 Zip Code 33716
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CHANGE OF ADDRESS ↓

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 Judith Boyung Judith BOYUNG Pres DATE 2-18-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYUNG, JUDITH P	1.2 NAME	
STREET ADDRESS	11405 3RD ST E.	1.3 STREET ADDRESS	
CITY - ST - ZIP	TREASURE ISLAND FL 33708	1.4 CITY - ST - ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYUNG, MARTIN G	2.2 NAME	
STREET ADDRESS	11405 3RD ST E.	2.3 STREET ADDRESS	
CITY - ST - ZIP	TREASURE ISLAND FL 33708	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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: Judith Boyung Judith BOYUNG DATE 2-18-97 (813) 572-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CH2E034 (9/96)