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Feb 28 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000002993 (1)

1. Corporation Name
EAGER BEAVER INTEGRATORS, INC.



Principal Place of Business
355 EAST MONROE ST.
JACKSONVILLE FL 32202-2834

Mailing Address
551 SAN ROBAR DRIVE
ORANGE PARK FL 32073-3835

3. Date Incorporated or Qualified 12/27/1993
3a. Date of Last Report 12/26/1996

2. Principal Place of Business 21
2a. Mailing Address 26

Suite Apt. # etc. 22
Suite, Apt. #, etc. 27

City & State 23
City & State 28

Zip 24
Country 25
Zip 29
Country 30

4. FEI Number 59-3205086
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEEK, DAVID H
1301 RIVERPLACE BLVD
1609
JACKSONVILLE FL 32207

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 607.1508, 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 (Type or typed in printed name of registered agent and FEI, if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with columns for Title, Name, Street Address, City-St-Zip, and a DELETED checkbox. Contains entries for Gary L Schreier and David H PEEK.

Table with columns for Title, Name, Street Address, City-St-Zip, and checkboxes for Change and Addition.

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 in changed, or on an attachment with an address

SIGNATURE: [Signature] PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/97 904 3564600
Date Daytime Phone # 0009102

CR2E034 (9/96)