

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED  
\$7 DEC -8 11:10:2  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #  
1. Corporation Name  
Eager Beaver Integrators, Inc. P94000002993

Principal Place of Business Mailing Address  
8789 San Jose Boulevard  
Suite 201A  
Jacksonville, FL 32217

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
1/4/94 12/26/96  
4. FEI Number Applied For  
59-3205086 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  
David H. Peek  
1301 Riverplace Boulevard  
Suite 1609  
Jacksonville, FL 32207

10. Name and Address of New Registered Agent  
81 Name Gary L. Schreier  
82 Street Address (P.O. Box Number is Not Acceptable) 8789 San Jose Boulevard  
83 Suite 201A  
84 City Jacksonville FL 85 Zip Code 32217

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: *Gary L. Schreier* Gary L. Schreier 12/3/97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	Pres., Sec., Director	<input type="checkbox"/> DELETE
NAME	Gary L. Schreier	
STREET ADDRESS	8789 San Jose Blvd, Suite 201A	
CITY - ST - ZIP	Jacksonville, FL 32217	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	000002316820-5
14 CITY - ST - ZIP	-12/09/97-01059-002
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	*****65.00 *****65.00
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
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	

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 changed, on an attachment with an address.

SIGNATURE: *Gary L. Schreier* 12/3/97

CR2E034 (9/96)