

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

FILED

Mar 14 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 # P95000004699 (1)

1. Corporation Name
AMERA-EAGLE, INC.

Principal Place of Business 10504 U.S. 41 NORTH PALMETTO FL 34221	Mailing Address 10504 U.S. 41 NORTH PALMETTO FL 34221-8725
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 01/17/1995	3a. Date of Last Report 04/15/1996
				4. FEI Number 65-0546234	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MERUCCI, LOUIS 10504 U.S. 41 NORTH PALMETTO FL 34221	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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

Signature, typed or printed name of registered agent and title if applicable

(N/C) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME MERUCCI, LOUIS STREET ADDRESS 10504 U.S. 41 NORTH CITY-ST-ZIP PALMETTO FL 34221	<input type="checkbox"/> DELETE	1.1 TITLE Pres 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME GIGLIOTTI, JOSEPH STREET ADDRESS 10504 U.S. 41 NORTH CITY-ST-ZIP PALMETTO FL 34221	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME SHERWOOD, DONALD R STREET ADDRESS 5420 BENT OAK DR CITY-ST-ZIP SARASOTA FL 34232	<input type="checkbox"/> DELETE	3.1 TITLE D 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME SHERWOOD, DONALD R STREET ADDRESS 5420 BENT OAK DR CITY-ST-ZIP SARASOTA FL 34232	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE D, T 5.2 NAME J. WAYNE TRUDE 5.3 STREET ADDRESS 5423 BENT OAK DRIVE 5.4 CITY-ST-ZIP SARASOTA, FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on any assignment with an address.

SIGNATURE: *[Signature]* 2/11/97 241-371-7009

CR2E034 (9/96)