

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

FILED

Jun 02 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 # P95000036450 (1)

1. Corporation Name  
EAGLE REALTY AFFILIATES, INC.

Principal Place of Business  
10633 W. ATLANTIC BLVD  
CORAL SPRINGS FL 33071

Mailing Address  
10633 W. ATLANTIC BLVD  
CORAL SPRINGS FL 33071-5669



3. Date Incorporated or Qualified  
05/09/1995  
3a. Date of Last Report  
09/06/1996

4. FEI Number  
65-0581200  
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

SCHOFILL, WALTER M  
10633 NW 40 ST  
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name  
DeCarolis, Vincent John  
82 Street Address (P.O. Box Number is Not Acceptable)  
10633 W. Atlantic Blvd.  
83  
84 City  
Coral Springs FL  
85 Zip Code  
33071

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Walter Schofill* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	NAME	SCHOFILL, WALTER	STREET ADDRESS	10655 NW 40 ST	CITY - ST - ZIP	CORAL SPRING FL 33065
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	1.2 NAME	SCHOFILL, WALTER	1.3 STREET ADDRESS	10655 NW 40 ST	1.4 CITY - ST - ZIP	CORAL SPRING FL
2.1 TITLE		2.2 NAME	DeCarolis, Vincent John	2.3 STREET ADDRESS	10633 W. Atlantic Blvd.	2.4 CITY - ST - ZIP	Coral Springs, FL 33071
3.1 TITLE		3.2 NAME		3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
6.1 TITLE		6.2 NAME		6.3 STREET ADDRESS		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 changed, or on an attachment with an address.

SIGNATURE: *Vincent DeCarolis* DATE: 3/6/97 DAYTIME PHONE: (954) 346-4001

CR2E034 (9/96)