

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 23 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 # **P95000051754 (6)**

1. Corporation Name
EAGLE MANAGEMENT SYSTEMS, INC.



Principal Place of Business
**7150 W. 20TH AVE. STE 216
HIALEAH FL 33016**

Mailing Address
**7150 W. 20TH AVE. STE 216
HIALEAH FL 33016**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9900 N.W. 137 St. Suite, Apt. #, etc.		2a. Mailing Address 26 9900 N.W. 137 St. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/30/1995		3a. Date of Last Report 04/12/1996	
22 City & State 23 Hialeah Gardens, FL		27 City & State 28 Hialeah Gardens, FL		4. FEI Number 65-0594296		Applied For Not Applicable	
24 Zip 33018		25 Country USA		29 Zip 33018		30 Country	
9. Name and Address of Current Registered Agent STEARNS, JOSEPH 7150 W. 20TH AVE. STE 216 HIALEAH FL 33016				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code FL			

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEARNS, JOSEPH A	1.2 NAME	
STREET ADDRESS	7150 W. 20TH AVE. STE 216	1.3 STREET ADDRESS	9900 N.W. 137 St.
CITY-ST-ZIP	HIALEAH FL 33016	1.4 CITY-ST-ZIP	Hialeah Gardens, FL 33018
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRECKMANN, CHRISTOPHER	2.2 NAME	
STREET ADDRESS	7150 W. 20TH AVE. STE 216	2.3 STREET ADDRESS	9900 N.W. 137 St.
CITY-ST-ZIP	HIALEAH FL 33016	2.4 CITY-ST-ZIP	Hialeah Gardens, FL 33018
TITLE		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		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		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		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 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

[Signature]

9/17/97

CR2E034 (4/97)