

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

FILED

May 08 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 # P95000074042 (9)

1. Corporation Name  
EGH LIMITED, INC.

Principal Place of Business

25525 HWY. 46, SUITE ONE  
SORRENTO FL 32776

Mailing Address

P.O. BOX 1515  
MOUNT DORA FL 32757-1515  
US



3. Date Incorporated or Qualified 09/25/1995	3a. Date of Last Report 02/20/1996
4. FEI Number 59-3337010	Applied For 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	

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 32756-1515

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILL, KAY W  
25525 HWY. 46, SUITE ONE  
SORRENTO FL 32776

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

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 <input type="checkbox"/> DELETE	1.1 TITLE	S/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, EUGENE G	1.2 NAME	
STREET ADDRESS	24037 WOLF BRANCH RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SORRENTO FL 32776	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, KAY W	2.2 NAME	
STREET ADDRESS	24037 WOLF BRANCH RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SORRENTO FL 32776	2.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMPTON, CAROLYN	3.2 NAME	
STREET ADDRESS	1700 EDGEWATER DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MT. DORA FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Mike Hill
STREET ADDRESS		4.3 STREET ADDRESS	2790 E. Crooked Lake Dr.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Eustis, FL 32726
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Lance Hampton
STREET ADDRESS		5.3 STREET ADDRESS	6861 Sylvan Woods Dr.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Sanford, FL 32771
TITLE	<input type="checkbox"/> DELETE	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)