


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

FILED

Apr 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000083802 1. Corporation Name EGLE OF BROWARD, INC			
Principal Place of Business		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21 2550 N. Fed Hwy Suite, Apt #, etc #5	26 2550 N. Fed Hwy Suite, Apt #, etc #5	3. Date Incorporated or Qualified 11.3.95	
22 City & State FT LAUDERDALE FL	27 City & State FT LAUDERDALE FL	3a. Date of Last Report 3.22.96	
23 Zip 33305	28 Country BROWARD	4. FEI Number 650617590	
24 33305	25 BROWARD	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent EDWARD W. GRANT 2400 NE 10th #7 POMP BEH, FL 33062		10. Name and Address of New Registered Agent	
11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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 not a partner, officer, director, or shareholder of the corporation.		81 Name	
EDWARD W. GRANT		82 Street Address (P.O. Box Number is Not Acceptable)	
2400 NE 10th #7		83	
POMP BEH, FL 33062		84 City	
EDWARD W. GRANT		85 Zip Code FL	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRES, SEC, TREAS.	1.1 TITLE	Change Addition	
NAME EDWARD GRANT	1.2 NAME	Change Addition	
STREET ADDRESS 2400 NE 10th #7	1.3 STREET ADDRESS	Change Addition	
CITY, ST, ZIP POMP, FL 33062	1.4 CITY-ST-ZIP	Change Addition	
TITLE	2.1 TITLE	Change Addition	
NAME	2.2 NAME	Change Addition	
STREET ADDRESS	2.3 STREET ADDRESS	Change Addition	
CITY, ST, ZIP	2.4 CITY-ST-ZIP	Change Addition	
TITLE	3.1 TITLE	Change Addition	
NAME	3.2 NAME	Change Addition	
STREET ADDRESS	3.3 STREET ADDRESS	Change Addition	
CITY, ST, ZIP	3.4 CITY-ST-ZIP	Change Addition	
TITLE	4.1 TITLE	Change Addition	
NAME	4.2 NAME	Change Addition	
STREET ADDRESS	4.3 STREET ADDRESS	Change Addition	
CITY, ST, ZIP	4.4 CITY-ST-ZIP	Change Addition	
TITLE	5.1 TITLE	Change Addition	
NAME	5.2 NAME	Change Addition	
STREET ADDRESS	5.3 STREET ADDRESS	Change Addition	
CITY, ST, ZIP	5.4 CITY-ST-ZIP	Change Addition	
TITLE	6.1 TITLE	Change Addition	
NAME	6.2 NAME	Change Addition	
STREET ADDRESS	6.3 STREET ADDRESS	Change Addition	
CITY, ST, ZIP	6.4 CITY-ST-ZIP	Change 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, unchanged, or on an attachment with an address.		800002135088 -04/07/97--01003--033 ***165.00	
SIGNATURE: EDWARD W. GRANT		3.18.97 954.5656260	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)