

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000097268 (3)**

1. Corporation Name
EAGLE FUNDING GROUP, INC.



Principal Place of Business
**13535 FEATHER SOUND DRIVE
SUITE 405
CLEARWATER FL 34622**

Mailing Address
**13535 FEATHER SOUND DRIVE
SUITE 405
CLEARWATER FL 34622**

2. Principal Place of Business
21 **Same**
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country **USA**
26 2a. Mailing Address
27 **Same**
28 State, Apt. #, etc.
29 City & State
30 Zip
31 Country **USA**

3. Date Incorporated or Qualified **12/26/1995**
3a. Date of Last Report **N/A**
4. FEI Number **59-3350117**
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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**LANE, JEFFREY G
13535 FEATHER SOUND DRIVE
SUITE 405
CLEARWATER FL 34622**

81 Name **N/A agent will stay**
82 Street Address (P.O. Box Number is Not Acceptable) **the same**
83
84 City **FL**
85 Zip Code

11. Pursuant to the provisions of Sections 607.0402 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 607.0509, Florida Statutes.
DATE **2-16-1996**

SIGNATURE **Jeffrey H. Lane**

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Jeffrey G. Lane	
STREET ADDRESS	4702 Southbreeze Drive	
CITY- ST- ZIP	Tampa, FL 33624	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Jerry M. Reed	
STREET ADDRESS	13964 106th Avenue N.	
CITY- ST- ZIP	Largo, FL 34644	
TITLE	Chief operating officer	<input type="checkbox"/> DELETE
NAME	Kelly H. Ahrens	
STREET ADDRESS	1425 Griffin Park	
CITY- ST- ZIP	Newberry, SC 29108	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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-03/21/96--01003--012
*****225.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Jeffrey H. Lane**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-1996
813-573-3007
SG 3-20-96

CR2E034 (12/95)