


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

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000000886 (7)**

1. Corporation Name

**EGH DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

**25525 HIGHWAY 46  
SUITE ONE  
SORRENTO FL 32776**

**25325 HIGHWAY 46  
SUITE ONE  
SORRENTO FL 32776-9527**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/03/1996</b>		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	<b>P.O. Box 1515</b>	4. FEI Number <b>59-3355164</b>		Applied For Not Applicable	
22	City & State	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	City & State	28	<b>Mt. Dora, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	Zip	25	Country	29	Zip	30	Country
				<b>32756-1515</b>		<b>US</b>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**HILL, KAY W  
25525 HIGHWAY 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 and 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILL, EUGENE G</b>	1.2 NAME	
STREET ADDRESS	<b>24037 WOLF BRANCH ROAD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SORRENTO FL 32776</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILL, KAY W</b>	2.2 NAME	
STREET ADDRESS	<b>24037 WOLF BRANCH ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SORRENTO FL 32776</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>P/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Mike Hill</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>2790 E. Crooked Lake Dr.</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>Eustis, FL 32726</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Steve Galnous</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>22132 Scenic Ridge Ct</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>Mount Dora, FL 32757</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Lance Hampton</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>6861 Sylvan Woods Dr.</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>Sanford, FL 32771</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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 #

0080617

CR2E034 (9/96)