

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED  
Apr 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000000886 (7)  
1. Corporation Name  
EGH DEVELOPMENT, INC.

Principal Place of Business 25525 HIGHWAY 46 SUITE ONE SORRENTO FL 32776	Mailing Address P.O BOX 1515 MT DORA FL 32756-1515 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 18500 U.S. Hwy 441 Suite, Apt. #, etc. 22 City & State 23 Mt. Dora, FL Zip 24 32757		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 U.S. Country 30		3. Date Incorporated or Qualified 01/03/1996	4. FEI Number 59-3355164	Applied For Not Applicable
				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 owes or has paid the current year Intangible Personal Property Tax due June 30, <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent HILL, KAY W 25525 HIGHWAY 46 SUITE ONE SORRENTO FL 32776				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1206 Old Eustis Road 83 84 City Mt. Dora FL 85 Zip Code 32757			
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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	C	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HILL, EUGENE G			1.2 NAME			
STREET ADDRESS	24037 WOLF BRANCH ROAD			1.3 STREET ADDRESS	1206 Old Eustis Road		
CITY-ST-ZIP	SORRENTO FL			1.4 CITY-ST-ZIP	Mt. Dora, FL 32757		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HILL, KAY W			2.2 NAME			
STREET ADDRESS	24037 WOLF BRANCH ROAD			2.3 STREET ADDRESS	1206 Old Eustis Road		
CITY-ST-ZIP	SORRENTO FL			2.4 CITY-ST-ZIP	Mt. Dora, FL 32757		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HILL, MIKE			3.2 NAME			
STREET ADDRESS	2790 E CROOKED LAKE DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	EUSTIS FL			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GAINOUS, STEVE			4.2 NAME			
STREET ADDRESS	22132 SCENIC RIDGE CT			4.3 STREET ADDRESS			
CITY-ST-ZIP	MT DORA FL			4.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAMPTON, LANCE			5.2 NAME			
STREET ADDRESS	6861 SYLVAN WOODS CT			5.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL			5.4 CITY-ST-ZIP			
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 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:  Lance Hampton

4-3-98

CR2E034 (10/97)