

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

1997 OCT -6 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000018081 (5)**

1. Corporation Name
EAGLE LENDING SERVICES, 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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 1530 MAIN ST		26 1530 MAIN ST.		02/27/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-3371777	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 NEWBERRY, SC		28 NEWBERRY, SC.		<input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24 29108	25 USA	29 29108	30 USA	Trust Fund Contribution	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	
LANE, JEFFREY G 13535 FEATHER SOUND DRIVE SUITE 405 CLEARWATER FL 34622				8. Yes <input type="checkbox"/> No <input type="checkbox"/>	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Applicable)	
83		84 City		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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/CEO	1.1 TITLE	
NAME	Kelly Ahrens	1.2 NAME	
STREET ADDRESS	1530 Main Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	Newberry, SC 29108	1.4 CITY-ST-ZIP	
TITLE	Vice President	2.1 TITLE	
NAME	Jeff Lane	2.2 NAME	
STREET ADDRESS	Bayway Prof. Center Ste 201 +206	2.3 STREET ADDRESS	
CITY-ST-ZIP	13907 N. Dale Mabry Tampa, FL 33618	2.4 CITY-ST-ZIP	
TITLE	Vice President	3.1 TITLE	
NAME	Jerry Reed	3.2 NAME	
STREET ADDRESS	13535 Feather Sound Dr. Ste. 405	3.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 34622	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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; 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 appointment with an address.

SIGNATURE: _____

CR2E034 (4/97)