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FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000023464 (5)

1. Corporation Name
EAGLE FGCL, INC.



Principal Place of Business

Mailing Address

242 7TH ST. E.
APOPKA FL 32703

242 7TH ST. E.
APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCNAIR, CRAIG D
1250 S. US HWY., 17-92, STE. 250
LONGWOOD FL 32750

81 Name

Rachel L. Siu & Co.

82 Street Address (P.O. Box Number is Not Acceptable)

5100 Old Howell Branch Road

83

84 City

Winter Park, FL

FL

85 Zip Code

32792

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 is acceptable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Rachel Siu

4/21/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President	<input type="checkbox"/> DELETE
NAME	Forest F. Eagle	
STREET ADDRESS	2171 Westbourne Dr.	
CITY-ST-ZIP	Oviedo, Fl. 32765	
TITLE	V. President	<input type="checkbox"/> DELETE
NAME	Carl Hurrell	
STREET ADDRESS	2178 Westbourne Dr.	
CITY-ST-ZIP	Oviedo, Fl. 32765	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Leona Hurrell	
STREET ADDRESS	2178 Westbourne Dr.	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Gael Eagle	
STREET ADDRESS	2171 Westbourne Dr.	
CITY-ST-ZIP	Oviedo, Florida 32765	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Gael Eagle*

4-21-98

407-886-5939

CP2E034 (10/97)