


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0066342

FILED
Sep 24, 1999 8:00 am
Secretary of State

09-24-1999 90012 021 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000034804			
1. Corporation Name EAGLE REALTY VENTURES, INC. * ACME Realty Funding, Inc. * Amended 7/13/99			
Principal Place of Business 1160 GLENWOOD CT FT LAUDERDALE FL 33326		Mailing Address 1160 GLENWOOD CT FT LAUDERDALE FL 33326	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 One E. Broward Blvd. Suite, Apt., #, etc. Suite 101 City & State Ft. Lauderdale, FL Zip 33301 Country USA		2a. Mailing Address 26 Suite, Apt., #, etc. 27 City & State 28 Zip 30 Country	
3. Date Incorporated or Qualified 04/17/1997		4. FEI Number 65-0746017	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent STEVENS, DON 1160 GLENWOOD CT FT LAUDERDALE FL 33326		10. Name and Address of New Registered Agent 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 DON STEVENS, PRESIDENT 7/20/99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME STEVENS, DON STREET ADDRESS 1160 GLENWOOD CT CITY-ST-ZIP FT LAUDERDALE FL 33326	<input type="checkbox"/> DELETE	1.1 TITLE D/P/S 1.2 NAME Stevens, Don 1.3 STREET ADDRESS 1160 Glenwood Ct 1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE DIV/T 2.2 NAME Whalen, Paul 2.3 STREET ADDRESS 617-NE-17th Terrace 2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: DON STEVENS, President 9/20/99 954-522-2660 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (5/99)