

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

FILED
Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S19708** (4)

1. Corporation Name
EAGLE-PHOENIX PROPERTIES, INC.



Principal Place of Business 11930 FAIRWAY LAKES DR. FT MYERS FL 33913	Mailing Address 11930 FAIRWAY LAKES DR. FT MYERS FL 33913-8337
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2. Principal Place of Business 21 9516 MARINERS COVE LANE		2a. Mailing Address 26 9516 MARINERS COVE LANE		3. Date Incorporated or Qualified 01/01/1991	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0234423	Applied For Not Applicable
City & State 23 FT MYERS, FL		City & State 28 FT MYERS, FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 33919		Zip 29 33919		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Country 25 USA		Country 30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DOCKERY, SAMUEL E 11930 FAIRWAY LAKES DRIVE FT MYERS FL 33913		10. Name and Address of New Registered Agent	
		81 Name ALLEN, SHARON D	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City FT MYERS	85 Zip Code FL 33919

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 Sharon D Allen DATE 3/3/97
Signatures 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	PVST <input type="checkbox"/> DELETE	1.1 TITLE	PU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACHFAL, KARL	1.2 NAME	SAME as block 12
STREET ADDRESS	11930 FAIRWAY LAKES D.	1.3 STREET ADDRESS	9516 MARINERS COVE LANE
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	S/T Allen, Sharon
STREET ADDRESS		2.3 STREET ADDRESS	9516 MARINERS COVE LANE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FT MYERS FL 33919
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: Karl A Rachfal **Karl A Rachfal** 3/3/97 941-466-9381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)