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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V47746

(5)

1. Corporation Name

EAGLEVIEW TECHNOLOGIES, INC.

Principal Place of Business

1807 SOUTH FEDERAL HIGHWAY
SUITE 229
DEL RAY BEACH FL 33483

Mailing Address

3135 S FEDERAL HWY #602
DELRAY BEACH FL 33483-3221

3. Date Incorporated or Qualified
07/06/1992

3a. Date of Last Report
06/14/1996

2. Principal Place of Business

21 1801 South Federal Hwy

2a. Mailing Address

26 5030 Champion Blvd.

22 Suite 205

27 Suite 6-271

23 Delray Beach, FL

28 Boca Raton, FL

24 33483

25 USA

29 33496

30 USA

4. FEI Number

65-0342341

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

PAOLINI, MICHAEL J.
1801 S. FEDERAL HIGHWAY
M-144
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name

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

5030 Champion Blvd.

83 Suite 6-271

84 City Boca Raton

FL

85 Zip Code 33496

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PAOLINI, MICHAEL J.	
STREET ADDRESS	1801 S. FEDERAL HWY., SUITE M-144	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CARROCCIA, ALFRED	
STREET ADDRESS	900 GREENSWARD LANE, G206	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	PAOLINI, KIMBERLY	
STREET ADDRESS	1801 S. FEDERAL HIGHWAY, M-144	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DAVID LONG	
STREET ADDRESS	1801 S. FEDERAL HWY, M142	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KEVIN CHIELKA	
STREET ADDRESS	1801 S. FEDERAL HWY, M142	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5030 Champion Blvd. Suite 6-271
1.4 CITY - ST - ZIP	Boca Raton, FL 33496
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	5030 Champion Blvd. Suite 6-271
3.4 CITY - ST - ZIP	Boca Raton, FL 33496
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 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:

Michael J. Paolini Michael J. Paolini 4/14/97 (561)274-4233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (9/96)