

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

FILED
Mar 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
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DOCUMENT # F96000006011 (8)
 1. Corporation Name
EAGLE LENDING, INC.



Principal Place of Business 800-50 EAST RIVER CENTER BLVD COVINGTON KY 41011	Mailing Address 4126 NORLAND AVE BURNABY BC V5G 3G8 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/18/1996	
21	Suite, Apt. #, etc. 4126 NORLAND AVENUE	26	Suite, Apt. #, etc.	4. FEI Number 31-1500286	Applied For Not Applicable
22	City & State BURNABY, BC	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip V5G 3S8	28	Country CANADA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country CANADA	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code FL

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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALLANTYNE, W G	1.2 NAME	PAUL HART
STREET ADDRESS	4126 NORLAND AVENUE	1.3 STREET ADDRESS	3190 TREMONT AVENUE
CITY-ST-ZIP	BURNABY, BC	1.4 CITY-ST-ZIP	TREVOSE, PA 19053-6693
TITLE	ASD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYNDMAN, PETER S	2.2 NAME	
STREET ADDRESS	4126 NORLAND AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BURNABY, BC	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, PAUL E	3.2 NAME	
STREET ADDRESS	800-50 EAST RIVER CENTER BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	COVINGTON KY	3.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRCH, TIMOTHY A	4.2 NAME	
STREET ADDRESS	800-50 EAST RIVER CENTER BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	COVINGTON KY	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEWEN, RAYMOND L	5.2 NAME	
STREET ADDRESS	4126 NORLAND AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BURNABY, BC	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	4000024708404 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-03/27/98--01073--009
STREET ADDRESS		6.3 STREET ADDRESS	***150.00
CITY-ST-ZIP		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 _____ Peter S. Hyndman 03/20/98 (604) 299-9321

CR2E034 (10/97)

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