

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

FILED
May 26 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 # L14784 (7)

1. Corporation Name
EAGLE SYSTEMS, INC.



Principal Place of Business 10036 SAWGRASS DR W P O BOX 1802 PONTE VEDRA BEACH FL 32004 US	Mailing Address %KENNETH CREWS 1612 BRIAN WAY ST. AUGUSTINE FL 32086-9202
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/07/1989	
21 10036 Sawgrass DR. W.	26	27	28	4. FEI Number 59-2975817	Applied For <input type="checkbox"/> Not Applicable
22 P.O. Box 1802	29	23	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 32082	25 ST. Johns	27	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
29		30		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 CREWS, KENNETH 1612 BRIAN WAY ST. AUGUSTINE FL 32084				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	

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 _____ DATE _____
Signature, typed or printed name of registered agent and filer of application (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CREWS, KENNETH	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1612 BRIAN WAY	1.2 NAME	
CITY-ST-ZIP	ST AUGUSTINE FL	1.3 STREET ADDRESS	
TITLE	VD COPELAND, RICHARD	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1612 BRIAN WAY	2.1 TITLE	
CITY-ST-ZIP	ST AUGUSTINE FL	2.2 NAME	
TITLE	VD DRAPER, HAROLD	2.3 STREET ADDRESS	
STREET ADDRESS	1618 BRIAN WAY	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	ST AUGUSTINE FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD DRAPER, STEVE	3.2 NAME	
STREET ADDRESS	1618 BRIAN WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
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	

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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: *[Signature]* 4/29/98 285-9181

CR2E034 (10/97)