

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000064261

1. Corporation Name
The Eagle Properties of Ft. Lauderdale, Inc.

Principal Place of Business Mailing Address *Same*
*127 NW 25th St.
Wilton Manors, FL 33311*

3. Date incorporated or Qualified *8/22/94* 3a. Date of Last Report: *7/95*

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For
21 *127 NW 25th St* 26 *Same* 65-0513771 Not Applicable

22. Suite, Apt #, etc. 27. Suite, Apt #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required

23. City & State 28. City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24. Zip 25. Country 29. Zip 30. Country 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

Unknown

10. Name and Address of New Registered Agent

81 Name *Michael W. Maskowski*
82 Street Address (P.O. Box Number is Not Acceptable) *127 NW 25th St*
83
84 City *Wilton Manors* FL 85 Zip Code *33311*

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]* President *2/14/96*

12. OFFICERS AND DIRECTORS

TITLE	<i>President/Director</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>Michael W. Maskowski</i>	
STREET ADDRESS	<i>125 NW 25th St</i>	
CITY, ST, ZIP	<i>Wilton Manors, FL 33311</i>	
TITLE	<i>Vice President/Director</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>David W. Mackay, Jr.</i>	
STREET ADDRESS	<i>125 NW 25th St.</i>	
CITY, ST, ZIP	<i>Wilton Manors, FL 33311</i>	
TITLE	<i>Treasurer/Secretary/Director</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>Warren E. Mallett, Jr.</i>	
STREET ADDRESS	<i>125 NW 25th St.</i>	
CITY, ST, ZIP	<i>Wilton Manors, FL 33311</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>Pres/V.P./Trans./Sec./Dir</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>Michael W. Maskowski</i>	
1.3 STREET ADDRESS	<i>127 NW 25th St</i>	
1.4 CITY, ST, ZIP	<i>Wilton Manors, FL 33311</i>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
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	<i>400881726454</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>-02/28/96--01050--002</i>	
5.3 STREET ADDRESS	<i>***200.00</i>	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* *2/14/96* *(305) 566-3789*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Michael W. Maskowski* Date *2-27-96* Office Phone # *56*

CRPE034 (12/95)