

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$51.25 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1998



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

FILED  
 Oct 08 1998 8:00am  
 Secretary of State

DOCUMENT # **N01065**

(4)

1. Corporation Name

**EBON TEMPLE, INC.**

Principal Place of Business

**700/  
 3265 WALLACE RD  
 ORLANDO FL 32819**

Mailing Address

**700/  
 3265 WALLACE RD  
 ORLANDO FL 32819**

2 Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**LEE, THOMAS S., JR.  
 4289 LAKE RICHMOND DR  
 ORLANDO FL 32811**

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, as of date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12 OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	LEE, THOMAS S., JR.	
STREET ADDRESS	4289 LAKE RICHMOND DR	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	VD	[ ] DELETE
NAME	WHITAKER, DOROTHY L.	
STREET ADDRESS	4325 LAKE RICHMOND DR	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	VD	[ ] DELETE
NAME	MITCHELL, BARBARA L.	
STREET ADDRESS	3201 TRADWINDS TRAIL	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	SD	[ ] DELETE
NAME	LEE, MARY B.	
STREET ADDRESS	4289 LAKE RICHMOND DR	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	TD	[ ] DELETE
NAME	BROWN, ANN	
STREET ADDRESS	4563 ALHAMA ST	
CITY-STATE-ZIP	ORLANDO FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	[ ] Change [ ] Addition
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(a), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas S. Lee, Jr.*  
 SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR

8/30/98

843-7587 (W)  
 351-3266 (W)

CR2EC07 (5/98)