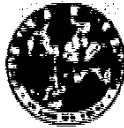


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED
1995 FEB 23 AM 6:31
STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **p93000020939**

1. Corporation Name

EIB, Incorporated

Principal Place of Business Mailing Address
**700 N. Wickham Rd. PO Box 410127
Suite 210 Melbourne, FL
Melbourne, FL 32935 32941-0127**

700001415287
-02/24/95--01109--010
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21		26		59-3169456		1/30/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For		Not Applicable	
22		27		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		Yes No	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Mike Renfro 435 Myrtlewood Road Melbourne, FL 32940				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 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 **Mike Renfro** *Mike Renfro* 2/15/95
(Signature, typed or printed name of designated agent and this if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/S/D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Renfro	12 NAME	
STREET ADDRESS	435 Myrtlewood Road	13 STREET ADDRESS	
CITY - ST - ZIP	Melbourne, FL 32940	14 CITY - ST - ZIP	
TITLE	T/D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Renfro	22 NAME	
STREET ADDRESS	435 Myrtlewood Road	23 STREET ADDRESS	
CITY - ST - ZIP	Melbourne, FL 32940	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eugene L. Hood	32 NAME	
STREET ADDRESS	848 Solano Avenue	33 STREET ADDRESS	
CITY - ST - ZIP	Albany, CA 94706	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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)(b), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mike Renfro* **Mike Renfro** 2/15/95 407-242-4884
(Signature and typed or printed name of signing officer or director) DATE