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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000038133 1. Corporation Name

EBEL, INC.

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90034 044 ***150.00



Principal Place of Business		Mailing Address							
330 PHILLIPS HIGHWAY JACKSONVILLE FL 32207		3380 PHILLIPS HIGHWAY JACKSONVILLE FL 32207			DO NOT WRITE IN THIS SPACE				
					 Date Incorporated or Qualified 04/28/1998 				
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	- ,	Applied For		
1		(26)		_	59-35/379		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	•	\$8.75 Additional Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country 25	Zip Co	untry		8. This corporation owes the current year Intangible Personal Property Tax. Yes No				
-). Name and Address of Curr	ent Registered Agent	10. Name and Address of New Registered Agent						
EBEL. A			81	_		<u>.</u>			
3380 Pl		82	82 Street Address (P.O. Box Number is Not Acceptable)						
JACKSONVILLE FL 32207			83						
			84	City		FL 85	Zip Code		
office or regis	tered agent, or both, in the Stat	502 and 607.1508, Florida Statules; the te of Florida. Such change was authorize gations of, Section 607.0505, Florida Sta	id by	the corporation	ation submits this statement for the purpos 's board of directors. I hereby accept the a	e of chang ippointment	ing its registered as registered		

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature re	aguired when reinstating)	DATE					
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	D DELETE	1,1 TITLE	P		Change	Addition			
NAME	EBEL, ANNE G	1.2 NAME	Ebel, Klaus H						
STREET ADDRESS	3380 PHILLIPS HIGHWAY	1.3 STREET ADDRESS	3380 Philips Hwy						
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CiTY-ST-ZIP	Jacksonville, FL	32207					
TITLE	DELETE	2.1 TITLE		_	Change	Addition			
NAME		2.2 NAME							
STREET ADDRESS		2.3 STREET ADDRESS							
CITY-ST-ZIP		2.4 CITY-ST-ZIP							
TITLE	☐ DELETE	3.1 TITLE		-	Change	☐ Addition			
NAME		3.2 NAME				ļ			
STREET ADDRESS		3.3 STREET ADDRESS							
CITY-ST-ZIP		3.4 CITY-ST-ZIP	N. fr						
TITLE	DELETE	41 TITLE			Change	☐ Addition			
NAME		4. 2 NAME			-				
STREET ADDRESS		43 STREET ADDRESS							
CITY-ST-ZIP		4.4 CITY-ST-ZIP							
TITLE	☐ DELETE	5.1 TITLE			Change	Addition			
NAME		5.2 NAME							
STREET ADDRESS		5.3 STREET ADDRESS							
CITY-ST-ZIP		5.4 CITY-ST-ZIP		_					
TITLE	DELETE	6.1 TITLE			Change	☐ Addition			
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET ADDRESS							
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, with all other like empowered.