FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S55384** **(9)**

1. Corporation Name

EBANKS AUTO SERVICE, INC.

Principal Place of Business	Mailing Address
5647 HOLLYWOOD BLVD HOLLYWOOD FL 33021 US	7965 TROPICANA STREET MIRAMAR FL 33023

2. Principal Place of Business	2a. Mailing Address
21	26 4315 Polk Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Hollywood, FL
Zip 24 / Country 25	Zip 29 33021 / Country 30 Broward

3. Date Incorporated or Qualified: 05/23/1991
3a. Date of Last Report: 07/05/1995
4. FEI Number: 65-0272577 (Applied For / Not Applicable)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

EBANKS, LAMBRINI
7965 TROPICANA ST.
MIRAMAR FL

10. Name and Address of New Registered Agent

81 Name: EBANKS, LAMBRINI
82 Street Address (P.O. Box Number is Not Acceptable): 4315 Polk street
83
84 City: Hollywood FL 85 Zip Code: 33021

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: Lambrini Ebanks — DATE: 3/20/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	EBANKS, EDWARD R.		1.2 NAME	
STREET ADDRESS	7965 TROPICANA ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	EBANKS, EDWARD R., SR.		2.2 NAME	
STREET ADDRESS	7965 TROPICANA ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL		2.4 CITY-ST-ZIP	
TITLE	DST	☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	EBANKS, LAMBRINI		3.2 NAME	
STREET ADDRESS	7965 TROPICANA ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL		3.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	4.1 TITLE	☑ Change ☐ Addition
NAME	EBANKS, EDWARD JR		4.2 NAME	
STREET ADDRESS	18911 N.W. 19 STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKES PINES FL 33029		4.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	5.1 TITLE	☑ Change ☐ Addition
NAME	OPITZ, MARTHA J		5.2 NAME	
STREET ADDRESS	2051 ALCAZAR DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33023		5.4 CITY-ST-ZIP	
TITLE	DST	☐ DELETE	6.1 TITLE	☑ Change ☐ Addition
NAME	EBANKS, LAMBRINI		6.2 NAME	
STREET ADDRESS	7965 TROPICANNA STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33023		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)(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 attached sheet with an address.

SIGNATURE: Lambrini Ebanks — Secretary — 3/20/96 — (305) 963-1754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)