


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

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Feb 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northrup</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 212558 (1)</b> 1. Corporation Name <b>E-BOND EPOXIES INC</b>			
Principal Place of Business <b>501 N.E. 33RD ST. FT LAUDERDALE FL 33334-2139</b>		Mailing Address <b>501 N.E. 33RD ST. FT LAUDERDALE FL 33334-2139</b>	
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	
3. Date Incorporated or Qualified <b>05/29/1958</b>		3a. Date of Last Report <b>03/18/1996</b>	
4. FEI Number <b>59-0826437</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>ROBINSON, JOHN R 501 N.E. 33RD ST. FORT LAUDERDALE FL</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b> <input type="checkbox"/> DELETE NAME <b>ROBINSON, JOHN</b> STREET ADDRESS <b>501 N.E. 33RD ST.</b> CITY-ST-ZIP <b>FORT LAUDERDALE FL</b>	11 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12 NAME <b>DENNIS DESILETS</b> 13 STREET ADDRESS <b>501 N. E. 33RD ST.</b> 14 CITY-ST-ZIP <b>FORT LAUDERDALE, FL.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VD</b> <input checked="" type="checkbox"/> DELETE NAME <b>WENTWORTH, GEORGE</b> STREET ADDRESS <b>501 N.E. 33RD ST.</b> CITY-ST-ZIP <b>FORT LAUDERDALE FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>SD</b> <input type="checkbox"/> DELETE NAME <b>LESTER, MARY</b> STREET ADDRESS <b>501 N.E. 33RD ST.</b> CITY-ST-ZIP <b>FORT LAUDERDALE FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>LESTER, MARY</b> STREET ADDRESS <b>501 N.E. 33RD ST.</b> CITY-ST-ZIP <b>FORT LAUDERDALE FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do 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.

SIGNATURE: MARY LESTER MARY LESTER Secy 1/20/97 954-561-6555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)