FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 365763

1. Corporation Name

EBCO INTERNATIONAL OF FLORIDA INC.

Principal Place of Business / Mailing Address

C/O Hollis Insurance Agency
980 N. Federal HWY. #420
Boca Raton, FL 33432

3. Date Incorporated or Qualified: 7/23/71
3a. Date of Last Report: 5/1/96

2. Principal Place of Business
21: 265 POST AVE.
22 Suite, Apt. #, etc.: SUITE # 270
23 City & State: WESTBURY N.Y.
24 Zip: 11590-2294
25 Country:

2a. Mailing Address
26:
27 Suite, Apt. #, etc.: SAME
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 11-2236999 ☐ 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

KATHY M. LUISI
9721 EAST BAY HARBOR DRIVE
BAY HARBOR, FL. 33154

10. Name and Address of New Registered Agent

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: Kathy M. Luisi (Signature, type or printed name of registered agent and title if applicable) — President ✓ (NOTE: Registered Agent's signature required when reinstating) — DATE: 4/2/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES.	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KATHY M. LUISI		1.2 NAME	
STREET ADDRESS	9721 EAST BAY HARBOR DRIVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR, FL. 33154		1.4 CITY-ST-ZIP	
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	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 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	

300002166463
-05/06/97--01003--035
***165.00

5/1/97

CR2E034 (9/96)

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: ✓ Kathy M. Luisi (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) — 4/23/97 (Date) — 516 334-2310 (Daytime Phone #)