

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

FILED

**Jan 29 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 643080 (5)
1. Corporation Name
JON EBERT, INC.



Principal Place of Business 5270 6TH AVE SW P. O. BOX 7217 NAPLES FL 33999 US	Mailing Address 5270 6TH AVE SW P. O. BOX 7217 NAPLES FL 33999 US
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DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
10/26/1979

2. Principal Place of Business 21 JON EBERT, INC. Suite, Apt. #, etc.	2a. Mailing Address 26 JON EBERT, INC. Suite, Apt. #, etc.
22 5270 TAMARIND RIDGE DRIVE City & State	27 5270 TAMARIND RIDGE DRIVE City & State
23 NAPLES, FL Zip Country	28 NAPLES, FL Zip Country
24 34119 USA	30 34119 USA

4. FEI Number 59-1950248	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
PEDERSEN, KJELL
2555 ESTERO BLVD.
FORT MYERS BEACH FL 33931

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EBERT, JON F.	
STREET ADDRESS	5270 6TH AVE SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEDERSEN, KJELL	
STREET ADDRESS	521 RANDY LANE	
CITY-ST-ZIP	FT MYERS BCH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EBERT, JON F.	
1.3 STREET ADDRESS	5270 TAMARIND RIDGE DRIVE	
1.4 CITY-ST-ZIP	NAPLES, FL 34119	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(l), 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: **JON F. EBERT** (94) 649-5900

CR2E034 (10/97)