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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500001045 (2)

EBC LAUDERDALE ENTERPRISES, INC.

Principal Place of Business 1080 HOLCOMB BRIDGE RD. Mailing Address

FILED May 06 1997 8:00am Secretary of State



1080 HOLCOMI BUILDING 100. ROSWELL GA	SUITE 310	1060 HOLCOME BUILDING 100. ROSWELL GA 3	SUITE 310			Date Incorporated or Qualified	3a. Date of Las	t Report	
l ₋						03/06/1995	07/23/199	6	
	loco of Rusiness	2a. Mailing Ad	2a. Mailing Address			4. FEI Number		Applied For	
. 11						58-2152780	Not Applicable		
Sulte, Apt. 22		Suite, Apt.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	θ	City & State	City & State			Election Campaign Financing Trust Fund Contribution	9 \$5.00 May Be Added to Fees		
Zip	Country	<u></u>		Country	/	8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30	0	····		Yes No		
	9, Name and Address of Cui	rrent Registered Agent			7	10, Name and Address of New Reg	Istered Agent		
	SHNIK, LINDA			81	Name	•			
	D LUCIEN WAY TE 100				82 Street Address (P.O. Box Number is Not Acceptable)				
MAITLAND FL 32751				83					
				84			FLI	ip Code	
I Office of re	to the provisions of Sections 607. egistered agent, or both, in the Si m familiar with, and accept the of	tate of Florida. Such cha	ande was aut	ihorized b	v the corpor	rporation submits this statement for the praining alon's board of directors. I hereby accep	urpose of changin I the appointment	g its registered as registered	
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable	(NQ1E · F	Registered Ap	ont signature rec	juřed when reinstating)	DATE		
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12	
THTLE	P		DELETE	11 HILE			Chang	je Addition	
NAME	DYE, TOM			1.2 NAME					
STREET ADDRESS	1080 HOLCOMB BRIDGE R	D.		1.3 STREE	ADDRESS				
CITY-ST-ZIP	ROSWELL GA 30076			1.(CITY - 5	S1 - Z (P				
TITLE	VST		DELETE	21 ¹ 117LF			Chang	je 🔲 Addition	
NAME	DYE, MIKE	_		2.2 NAME					
STREET ADDRESS	1080 HOLCOMB BRIDGE R	D.		2.3 STREET	ADDRESS				
CITY-ST-ZIP	ROSWELL GA 30076			2. ¶ CITY-	S1 - Z)P				
TITLE	T		DETETE	3.1 1ITLE			☐ Chang	e 🔲 Addition	
NAME	GORMAN, CRAIG A			3.2 NAME					
STREET ADDRESS	1080 HOLCOMB BRIDGE R	D.BLD 100 STE 310		3.3 STREET	ADDRESS				
CITY-ST-ZIP	ROSWELL GA 30076			3.4. CITY-	ST-ZIP				
TITLE			DELETE	4.1 1ITLE			Chang	e	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY-5	ST-ZIP				
TITLE			DELETE	5.1 TITLE			Chang	e Addition	
NAME				5.2 NAME					
STREET ADDRESS		•		5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 CITY - 9	ST-ZIP				
TITLE			DELETE	6.1 TITLE			Chang	6 Addition	
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY - 9					
	ov certify that the information supp	olied with this filing does	s not qualify f			ed in Section 119 07(3)(i) Florida Statutes	further certify th	at the	

14. Too nereby certify that the information supplied with this filing does not quality 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 dustee empowered to execute this report as required by Chapter 607, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CIGNATURE.

Wil Labour HIII Craic A.

4-29-92 (220)992-111