

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000003881 (8)  
1. Corporation Name  
E.B. DESIGNWORKS & CO., INC.

Principal Place of Business

P.O. BOX 2175  
NAPLES FL 33989

Mailing Address

P.O. BOX 2175 — 5/6-2165  
NAPLES FL 34106-2175

2. Principal Place of Business

21 341 3<sup>rd</sup> Ave. S.

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 2165

Suite, Apt. #, etc.

22

City & State

23 Naples, FL

Zip

24 34102

Country

25 USA

27 City & State

28 Naples, FL

Zip

29 34106

Country

30 USA

9. Name and Address of Current Registered Agent

STRICKLAND, DAVID  
740 E. LAKE DR.  
NAPLES FL 33940

81 Name

Ellen Strickland

82 Street Address (P.O. Box Number is Not Acceptable)

341 3<sup>rd</sup> Ave. S.

83

84 City

NAPLES

FL 85 Zip Code  
34102

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 *Ellen Strickland*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinserting)

DATE

5/12/97

12. OFFICERS AND DIRECTORS

DELETE

TITLE CP  
NAME STRICKLAND, DAVID  
STREET ADDRESS 740 E. LAKE DR.  
CITY-ST-ZIP NAPLES FL 33940

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

CP

1.2 NAME

Ellen Strickland

1.3 STREET ADDRESS

341 3<sup>rd</sup> Ave. S.

1.4 CITY-ST-ZIP

Naples, FL 34102

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE

Change  Addition

2.2 NAME

Change  Addition

2.3 STREET ADDRESS

Change  Addition

2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE

Change  Addition

3.2 NAME

Change  Addition

3.3 STREET ADDRESS

Change  Addition

3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE

Change  Addition

4.2 NAME

Change  Addition

4.3 STREET ADDRESS

Change  Addition

4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

Change  Addition

5.2 NAME

Change  Addition

5.3 STREET ADDRESS

Change  Addition

5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

Change  Addition

6.2 NAME

Change  Addition

6.3 STREET ADDRESS

Change  Addition

6.4 CITY-ST-ZIP

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 *Ellen Strickland*

5/12/97 441-425-0700

5/12/97

CR2E034 (9/96)