## 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 CORPORATION\$

DOCUMENT # G21489

(1)

EBROT, INC.

Mailing Address

## FILED May 12 1997 8:00am Secretary of State



6311 BURTS RD TAMPA FL 33619		6311 BURTS RD TAMPA FL 33619-9753						
				<ol> <li>Date Incorporated or Qualified 02/02/1983</li> </ol>	3a. Date of Last 04/23/1996	ate of Last Report		
2. Principal Place of Busin	PORUATT C	2a. Mailing Address			4. FEI Number		Applied For	
	PREVAIL S	26 Stree			59-2257409		Not Applicable	
Suite, Apt #, etc	Suite, Apt. #, etc.	1		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State: City & St. [23] C1/550N for F/ [28]					6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24 33 <b>5</b> 34	Country //5 box	Zip <b>(29</b> )	Countr 30	У	8. This corporation has liability for in	ntangible tax under Yes No	s. 199.032,	
9. Name	and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent		
PREVATT, LONI	IIE C.		81		OVER M. PREVA	-77		
9905 PREVATT GIBSONTON FL			82		gress (P.O. Box Nimber is Not Acceptable 1905	1º 5%		
			83			,		
			84	City	bonton	FL 85 Zir	Code 5.34/	
11. Pursuant to the provisi	ons of Sections 607.0502	and 607.1508, Florida Statu	ites, the above	e named co	rooration submits this statement for the p	urpose of changing	its registered	
agent Lam familia w	h, and accept the obligat	ions of, Section 207.0505, F	Florida Statute	is.	ation's board of directors. I hereby accep	Illa of a	s registered /	
SIGNATURE	-ouce 4,	rewall				7/28/97		
Signature, type 12.	or printed name of registered agent OFFICERS AND	······································	OTE: Registered Ac	ent signature requ	ulred when reinstaling)  ADDITIONS/CHANGES TO OFFICE	DATE V	DC IN 12	
TITLE P	KOFFICENS AND	, DELETE ,	1 1 7171 6		ADDITIONS/CHANGES TO OFFIC	Change		
'	LONNIE C.	decea sed	1.2 NAME	ŀ				
STREET ADDRESS 9905 PRE			1.3 STREE	1 ADDRESS				
CITY-S1-ZIP GIBSONT	ON FL .	4 +	1.4 CITY -	ST-ZIP				
TITLE	KPresic	JEK ( DELETE	2.1 TITLE			☐ Change	Addition	
NAME PREVATT,			2.2 NAME					
STREET ADDRESS 9905 PRE		* 1/		T ADDRESS				
TITLE GIBSONT	MFL 999	DELETE	2. 4 CITY- 3.1 TITLE	ST-ZIP		☐ Change	Addition	
NAME		L. Octer	3.2 NAME			(***) Pulguillo	וטואטאווו	
STHELF ACCIDESS				T ADDRESS				
CITY - ST - ZIP			3.4. CITY-	1				
Tifle		DELETE	4.1 TITLE	3) - Eir	······································	☐ Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
City+S*+ZiP			4.4 CITY -	ST-ZIP				
101.6		☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CHY-ST-7P	2 / \$10.0 \$ - 2000 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00	T BELEVE	5.4 CITY -	ST- ZIP		T at	4 3 300	
11/1.6		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME					
STREET ADORESS				T ADDRESS				
CITY-ST-ZIP	No felometica a solical	Jahrah a dilian alama wat a i	6.4 CITY-		ad in Section 119 07/31(i) Florida Statute	17 45 47 41		

4. 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 suppliemental 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 an attachment with an address.

SIGNATURE:

URE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97 (8/3)677-1034