

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

FILED  
Jul 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K06977** (8)  
1. Corporation Name  
**EBRC CORP.**



Principal Place of Business <b>5030 LINTON BLVD. DELRAY BEACH FL 33484</b>	Mailing Address <b>5030 LINTON BLVD. DELRAY BEACH FL 33484-6520</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/15/1987</b>		3a. Date of Last Report <b>04/16/1996</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0028120</b>		Applied For		Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees			
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>BRIER, CHARLES E. 5030 LINTON BLVD. DELRAY BEACH FL 33484</b>				10. Name and Address of New Registered Agent			
81 Name <b>JOHN KITCHEN</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>5030 LINTON BLVD</b>			
83				84 City <b>DELRAY BEACH</b>			
				85 FL		85 Zip Code <b>33484</b>	

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  **JULY 10, 1997**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>BRIER, CHARLES E.</b> <input checked="" type="checkbox"/> DELETE	11 TITLE <b>SR VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>BRIER, CHARLES E.</b>		12 NAME <b>JOHN KITCHEN</b>	
STREET ADDRESS <b>5030 LINTON BLVD.</b>		13 STREET ADDRESS <b>5030 LINTON BLVD</b>	
CITY-ST-ZIP <b>DELRAY BEACH FL</b>		14 CITY-ST-ZIP <b>DELRAY BEACH, FL 33484</b>	
TITLE <b>D</b>	<b>COUGHLIN, ROBERT T.</b> <input checked="" type="checkbox"/> DELETE	21 TITLE <b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>COUGHLIN, ROBERT T.</b>		22 NAME <b>SHARON F. JONES</b>	
STREET ADDRESS <b>5030 LINTON BLVD.</b>		23 STREET ADDRESS <b>5030 LINTON BLVD</b>	
CITY-ST-ZIP <b>DELRAY BEACH FL</b>		24 CITY-ST-ZIP <b>DELRAY BEACH, FL 33484</b>	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

CR2E034 (9/96)