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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

K35000

(4)

Secretary	01	State	e

1 901 281-008D

**FILED** 

Feb 25 1998 8:00am

1. Corporation EB4 E	ENTERPRISES, INC.	( ),				
Principal Plac	ce of Business	Mailing Address			141 - BIODIN ONDEN ONDEN DIGIN 1901	
7800 BELFO	ORT PARKWAY	7800 BELFORT PARKY	<b>VAY</b>			
#165 JACKSONVILLE FL 32256  JACKSONVILLE FL 32256  JACKSONVILLE FL 32256			neo.	DO NOT WRITE IN THIS SPACE		
JACKSONVILLE FL 32256 JACKSONVILLE FL 3225			256	3. Date Incorporated or Qualified		
				09/23/1988		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2905931	Not Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	,	5. Certificate of Status Desired	\$8.75 Additional	
22	· · · · · · · · · · · · · · · · · · ·	27	. <u> </u>		Fee Required	
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be	
<b>23</b> ] Zip	Country	28	Country	Trust Fund Contribution	Added to Fees	
24 24	25	29	Country 30	8. This corporation owes or has paid the cu	rrent year Intangible  Yes No	
57]	9. Name and Address of Curre		190	Personal Property Tax due June 30.  10. Name and Address of New Registered		
O	WEN, GEORGE E., JR.	<u> </u>	81 Name		<b>.</b>	
	57 CENTRAL AVE.		82 Street Addr	(D.O. Davidson in No. 4		
	T. PETERSBURG FL 33701		5treet Addr	ress (P.O. Box Number is Not Acceptable)		
-			83			
			84 City		85 Zip Code	
				FL	.	
office or a agent. I a SIGNATURE	registered agent, or both, in the Stat am familiar with, and accept the oblig Signature, typed or printed name of registered as		authorized by the corporal lorida Statutes.  OTE: Registered Agent signature require	poration submits this statement for the purpose of clion's board of directors. I hereby accept the appropriate when reinstating)  DATE	oointment as registered	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	BUTTNER, EDWARD W., IV		1.2 NAME			
STREET ADDRESS	10004 HALEY RD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP			
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	. *		
CITY-ST-ZIP						
TITLE	i	ח הם כדב	2. 4 CITY - ST - ZIP		Change L Ldd9	
NAME		☐ DELETE	3.1 TITLE		Change Addition	
CTRCCT ADDRESS		☐ DELETÉ	3.1 TITLE 3.2 NAME		☐ Change ☐ Addition	
STREET ADDRESS		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		☐ Change ☐ Addition	
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CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition  Change Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE NAME			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME			
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14. I hereby certify that the information supplied with this filling 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 cettify 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.

CICNATURE.