

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 09, 1997 8:00 am
Secretary of State

DOCUMENT # **L18341** (2)

1. Corporation Name
EBW BUILDING CONTRACTORS, INC.



Principal Place of Business
**1239 BENOIST FARMS RD
APT 110
WEST PALM BEACH FL 33411
US**

Mailing Address
**1239 BENOIST FARMS RD
APT 110
WEST PALM BEACH FL 33411
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/22/1989	3a. Date of Last Report 06/04/1996
4. FEI Number 65-0151868	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 1167 Periwinkle Pl.	2a. Mailing Address P.O. Box 211325
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State Wellington FL	City & State West Palm Beach, FL
Zip 33414	Country USA
25	29
Country USA	30

9. Name and Address of Current Registered Agent WHITTEN, EMMETT 1239 BENOIST FARMS RD APT 110 WEST PALM BEACH FL 33411		10. Name and Address of New Registered Agent 81 Name Whitten, Emmett 82 Street Address (P.O. Box Number is Not Acceptable) 1167 Periwinkle Pl. 83 84 City Wellington FL 85 Zip Code 33414	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PVD	<input type="checkbox"/> DELETE	1.1 TITLE PVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHITTEN, EMMETT		1.2 NAME Whitten, Emmett	
STREET ADDRESS 1239 BENOIST FARMS RD., APT 110		1.3 STREET ADDRESS 1167 Periwinkle Pl.	
CITY-ST-ZIP WEST PALM BEACH FL		1.4 CITY-ST-ZIP Wellington FL	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Emmett Whitten** 9-5-97 795-2600

CR2E034 (4/97)