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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P32362 (6)
1. Corporation Name
EB ADVERTISING & DESIGN, INC.

Principal Place of Business: **1727 VETERANS MEMORIAL HIGHWAY CENTRAL ISLIP NY 11722**
Mailing Address: **1727 VETERANS MEMORIAL HIGHWAY CENTRAL ISLIP NY 11722**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/27/1980**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **11-2955024**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 119.04, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
State Apt #, etc.: **22**
City & State: **23**
Zip: **24** Locality: **25** Locality: **29** Locality: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORACE, HELEN
5960 SW 17ST
PLANTATION FL 33317**

81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ FL 85 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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: *Helen Corace*
My office is located at _____ and my address is _____

Agent Registered Agent (signature required when registering) DATE: *6-29-95*

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	BARBINI, EILEEN
STREET ADDRESS	82 LAUREL CRESCENT
CITY, ST, ZIP	PT. JEFFERSON NY
TITLE	D
NAME	BARBINI, EILEEN
STREET ADDRESS	82 LAUREL CRESCENT
CITY, ST, ZIP	PT. JEFFERSON NY
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY, ST, ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY, ST, ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY, ST, ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information submitted 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 this corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on my affidavit of oath or address.

SIGNATURE: *Eileen Barbini*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6-29-95 (510) 255-4480
DATE TIME