Feb 15, 1999 8:00 am Secretary of State

02-15-1999 90008 013 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400002229

•	n Name				
EBBS AND ASSOCIATES, INC.					
Principal Place	e of Business	Mailing Address			
2501 MARINA ISLE WAY 2501 MARINA ISLE WAY					
#502 #502 JUPITER FL 33477 JUPITER FL 33477		#502		DO NOT WRITE IN THIS SPACE	E
JUPITER FL 334	*//	JUPITER PL 30477		3. Date Incorporated or Qualifed	
				01/03/1994	
Principal Place of Business 2a. Mailing Address		2a. Mailing Address		4. FEI Number	Applied For
21 .		26		65-0456452	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		F Codiforts of Status Desired	.75 Additional
22		27		5. Octobale of States Doorles	ee Required
City & State	e	City & State			5.00 May Be
23		28	<u>-</u>	Trust Fund Contribution Ad	dded to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25		30	Personal Property Tax. LJ Ye 10. Name and Address of New Registered Agent	s 🗀 140 ·
	9. Name and Address of Currer		81 Name	10. Name and Address of New Registered Agent	
ERR	S, PAULETTE A				
2501 MARINA ISLE WAY		82 Street Add	Idress (P.O. Box Number is Not Acceptable)		
#502		83	一次是各种人的基础的基础的基础	NO NEW DE	
	TER FL 33477				eling en
3011			84 City	FI 85	Zip Code
44 Durant	to the provisions of Sections 607 050	32 and 607 1508. Florida Statute	s the above-named corr	poration submits this statement for the purpose of change	ing its registered
office or re	ocietared agent or both in the State	of Florida, Such change was au	tnonzea ov tne corporau	on's board of directors. I hereby accept the appointment	as registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ga Sialutes.		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: I	Registered Agent signature require	d when reinstation) DATE	
12.					
	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIR	
TITLE	OFFICERS AF		13. 1.1 TITLE		
	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIR	
TITLE	D	ND DIRECTORS	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIR	
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CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: