## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

SIGNATURE:

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT #
1. Corporation Name P94000027551 (8) EVB, INC. Principal Place of Business Mailing Address 6700 WEST CALUMET CIRCLE 6700 WEST CALUMET CIRCLE LAKE WORTH FL 33467 LAKE WORTH FL 33467 3. Date Incorporated or Qualified 3a. Date of Last Report 04/11/1994 04/18/1995 Applied For 28. Mailing Address 2. Principal Place of Business 21 26 65-0482931 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27 Fee Required 22 City & State 6. Election Campaign Financing City & State \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032. Zip Zip Florida Statutes Yes X No 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **BOBINCHUCK, ELAINE V** Street Address (P.O. Box Number is Not Acceptable) 82 **6700 WEST CALUMET CIRCLE** 83 LAKE WORTH FL 33467 City Zip Code 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 light, 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 appendix the obligations of Section 607.0505. Florida Statutes. ELAINE SIGNATURE gistered Agent signature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1 1 TITLE TITLE BOBINCHUCK, ELAINE V CR2E034 1.2 NAME NAME 67000 WEST CALUMET CIRCLE 1.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33467 1.4 CITY - ST-ZIP CITY-ST-ZIF Change Addition THILE DELETE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY - ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition A 1 TITLE THILE 3 2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4 CITY-\$T-2IP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4. 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS 200001767<u>5</u>52 5 4 CITY-ST-ZIP CITY-ST-21F -04/03/96--01013<sup>□</sup>-025 ☐ Addition DELETE 6 1 TITLE TITLE 6 2 NAME NAME \*\*\*200.00 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIF 14. Too hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 eath, that I am an officer or director of the corporation or the receiver or trustee emprowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 in changed, or open statchingst with an address.

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