

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

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Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandara B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000031777 (3)

1. Corporation Name

EBS REPORTING SERVICES, INC.



Principal Place of Business 4400 W. SAMPLE SUITE 228 COCONUT CREEK FL 33073 US	Mailing Address 4400 W. SAMPLE SUITE 228 COCONUT CREEK FL 33073-3473 US
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3. Date Incorporated or Qualified 04/27/1994	3a. Date of Last Report 03/06/1996
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2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country
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4. FEI Number 65-0137999	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent GREENBERG, JEFFREY 5550 GLADES ROAD SUITE 401 BOCA RATON FL 33431

10. Name and Address of New Registered Agent 81 Name: Bellezza, Peter J. 82 Street Address (P.O. Box Number is Not Acceptable): 4250 N. AIA #506 83 City: N. Hutchinson Island FL 84 Zip Code: 33489
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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.

Peter J. Bellezza 4/12/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	Chairman & CEO
NAME	SCHWARTZ, HAROLD	1.2 NAME	Vito Bellezza
STREET ADDRESS	17105 NORTHWAY CIRCLE	1.3 STREET ADDRESS	3701 Turtle Run Blvd.
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Coral Spgs., FL 33067
TITLE	PD	2.1 TITLE	President and Co-Manager
NAME	SIMON, JOHN D.	2.2 NAME	Harold S. Fischer
STREET ADDRESS	6201 PETER ROAD	2.3 STREET ADDRESS	3701 Turtle Run Blvd.
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	Coral Spgs., FL 33067
TITLE	VD	3.1 TITLE	Vice President
NAME	BIXBY, MIKE	3.2 NAME	William Daniels
STREET ADDRESS	6170 NW 173 ST #418	3.3 STREET ADDRESS	2088 Augusta
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Neston, FL 33326
TITLE	SV	4.1 TITLE	Steve Sherb - Dir
NAME	TEMPLE, CHRISTINE	4.2 NAME	805 Third Ave
STREET ADDRESS	1008 N 13TH AVE	4.3 STREET ADDRESS	NY, NY 10022
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BASS, IRVING	5.2 NAME	
STREET ADDRESS	7663 FEANICK PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	900002131899
NAME		6.2 NAME	-04/02/97--01119--009
STREET ADDRESS		6.3 STREET ADDRESS	***495.00
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: *Vito A. Bellezza, CEO* 4/1/97 (954) 968-2080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)