PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P94000048428**

EBRON'S CORPORATION

FILED Feb 24, 1999 8:00 am **Secretary of State**

02-24-1999 90016 007 ***150.00



Principal Place	of Business	Mailing Address					
8230 NW 52ND STREET 8230 NW 52ND STREET LAUDERHILL FL 33351 LAUDERHILL FL 33351					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed 06/27/1994		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ar	pplied For
21 8230 NW 520d STACET 26 8230 NW 52				ul	65-0505133	No.	ot Applicable
Suite, Apt.	<u> </u>	Suite, Apt. #, etc.	,		5. Certificate of Status Desired		Additional equired
City & State / City & State / 28 Australia +			Florida	l v	6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24 - 33335-	Country 1 25 Browand	Zip 29 33357	Count	o cetted	This corporation owes the current yea Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		_	10. Name and Address of New Registe	red Agent	
81 Name							
8230 MM 25MD 21KEET				2 Street Ad	dress (P.O. Box Number is Not Acceptable)	,	
LAUL	DERHILL FL 33351		8	3			•
			8	4 City		85 Zip	Code
					-	FL S	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a	authorized b	ov the corpora	rporation submits this statement for the purpos tion's board of directors. I hereby accept the a	e of changing its ppointment as re	registered gistered
SIGNATURE							
	Signature, typed or printed name of registered agen			gent signature requi	ired when reinstating) DAT		ODE IN 12
12.	OFFICERS AN	D DIRECTORS DELETE	13.	_	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	Addition
TITLE	P PRON WELLA		1.1 TITLI			Strainge	
NAME	EBRON, VELMA		1.2 NAM	_			
STREET ADDRESS	8230 NW 52 STREET			ET ADDRESS			
CITY-ST-ZIP	LAUDERHILL FL	□ DELETE	1.4 CITY			☐ Change	Addition
TITLE		☐ DELETE	2.1 TITLI	- [
NAME			2.2 NAM				
STREET ADDRESS				ET ADDRESS			1
CITY-ST-ZIP		DELETE		(-ST-ZIP		Change	Addition
TITLE		☐ DEFEIE	3.1 TITL			ca.ge	
NAME			3.2 NAM	_	· .		
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		DELETE		/- ST- ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE			4.1 TITLE	=			

6.4 CITY-ST-ZIP 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 poort 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 copyright or the receiver of tristee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if ch ith an address, with all other like empowered.

4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

TITLE

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Addition

Addition