FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 17 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000075576 (6)**

1. Corporation Name
EBCO MANAGMENT, INC.

Principal Place of Business	Mailing Address
7380 SAND LAKE ROAD SUITE 650 ORLANDO FL 32819	7380 SAND LAKE ROAD SUITE 650 ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/14/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-3279925** ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MARSHALL, BYRD F JR
201 EAST PINE STREET
SUITE 1200
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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 607.1508, 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D/P	☒ Change ☐ Addition
NAME	EARL, ROBERT I	12 NAME	Earl, Robert I.	
STREET ADDRESS	7380 SAND LAKE ROAD STE 650	13 STREET ADDRESS	7380 Sand Lake Road, #650	
CITY-ST-ZIP	ORLANDO FL 32819	14 CITY-ST-ZIP	Orlando, FL 32819	
TITLE	D	21 TITLE	EVP/T/AS	☐ Change ☒ Addition
NAME	BARISH, KEITH	22 NAME	Avallone, Thomas	
STREET ADDRESS	140 W 57TH STREET, 13TH FLOOR	23 STREET ADDRESS	7380 Sand Lake Road, #650	
CITY-ST-ZIP	NEW YORK NY 10019	24 CITY-ST-ZIP	Orlando, FL 32819	
TITLE		31 TITLE	VP/S	☐ Change ☐ Addition
NAME		32 NAME	Johnson, Scott E.	
STREET ADDRESS		33 STREET ADDRESS	7380 Sand Lake Road, #650	
CITY-ST-ZIP		34 CITY-ST-ZIP	Orlando, FL 32819	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do 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 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: Scott E. Johnson, Secretary 4/10/95 407-345-5300
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0082034 CP