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FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000004402 (9)

1. Corporation Name
EBS, II, INC.



Principal Place of Business

1416 E ROBINSON ST
ORLANDO FL 32801

Mailing Address

1416 E ROBINSON ST
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1996

4. FEI Number

59-3357368

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 420 PICKFAIR TERR

Suite, Apt. #, etc.

2a. Mailing Address

26 P O Box 951750

Suite, Apt. #, etc.

23 City & State

LAKE MARY FL

Zip

24 32746

Country

25 U S

27 City & State

28 LAKE MARY FL

Zip

29 32795

Country

30 U S

9. Name and Address of Current Registered Agent

ECKSTEIN, RICHARD
1416 E ROBINSON ST
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

420 PICKFAIR TERR

84 City

LAKE MARY

85 State

FL

Zip Code

32746

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

RICHARD A. ECKSTEIN PRESIDENT

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME ECKSTEIN, RICHARD

STREET ADDRESS 133 FEATHER EDGE LOOP

CITY-ST-ZIP LAKE MARY FL

TITLE VS ☐ DELETE

NAME ECKSTEIN, MARY PRICE A

STREET ADDRESS 1416 E ROBINSON ST

CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PT ☒ Change ☐ Addition

1.2 NAME ECKSTEIN, CLU RICHARD A.

1.3 STREET ADDRESS PO BOX 951750 N/A

1.4 CITY-ST-ZIP LAKE MARY FL 32795

2.1 TITLE VS ☒ Change ☐ Addition

2.2 NAME ECKSTEIN, MARY PRICE A

2.3 STREET ADDRESS PO BOX 951750 N/A

2.4 CITY-ST-ZIP LAKE MARY FL 32795

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

SIGNATURE REQUIRED

407-222-0807

CR2E034 (10/97)