

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

APPROVED
AND
FILED

1997 MAY -1 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PA0000008250 1. Corporation Name EGBes, INC.			
Principal Place of Business P.O. Box 20514 TALLAHASSEE FL 32310		Mailing Address P.O. Box 20514 TALLAHASSEE FL 32310	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 2-23-96	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3356950	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. TALLAHASSEE, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. 32310	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent OLAJIDE EGBERONGBE 5817 EUNICE COURT TALLAHASSEE FL 32303		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City	
		85. Zip Code FL	
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: OLAJIDE EGBERONGBE (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PRESIDENT	1.1 NAME OLAJIDE EGBERONGBE	1.1 TITLE 8000002164308-00	1.1 NAME -05/02/97--01132--015
1.2 STREET ADDRESS 5817 EUNICE CT	1.2 NAME	1.2 STREET ADDRESS	1.2 NAME
1.3 CITY-STATE-ZIP TALLAHASSEE FL 32303	1.3 CITY-STATE-ZIP	1.3 CITY-STATE-ZIP	1.3 CITY-STATE-ZIP
2.1 TITLE VICE PRESIDENT	2.1 NAME TAIWO EGBERONGBE	2.1 TITLE	2.1 NAME
2.2 STREET ADDRESS 1832 JACKSON BLUFF	2.2 STREET ADDRESS	2.2 STREET ADDRESS	2.2 STREET ADDRESS
2.3 CITY-STATE-ZIP TALL. FL 32304	2.3 CITY-STATE-ZIP	2.3 CITY-STATE-ZIP	2.3 CITY-STATE-ZIP
3.1 TITLE VICE PRESIDENT	3.1 NAME TITILAYO SHOLATA	3.1 TITLE	3.1 NAME
3.2 STREET ADDRESS 5817 EUNICE CT	3.2 STREET ADDRESS	3.2 STREET ADDRESS	3.2 STREET ADDRESS
3.3 CITY-STATE-ZIP TALL. FL 32303	3.3 CITY-STATE-ZIP	3.3 CITY-STATE-ZIP	3.3 CITY-STATE-ZIP
4.1 TITLE	4.1 NAME	4.1 TITLE	4.1 NAME
4.2 STREET ADDRESS	4.2 STREET ADDRESS	4.2 STREET ADDRESS	4.2 STREET ADDRESS
4.3 CITY-STATE-ZIP	4.3 CITY-STATE-ZIP	4.3 CITY-STATE-ZIP	4.3 CITY-STATE-ZIP
5.1 TITLE	5.1 NAME	5.1 TITLE	5.1 NAME
5.2 STREET ADDRESS	5.2 STREET ADDRESS	5.2 STREET ADDRESS	5.2 STREET ADDRESS
5.3 CITY-STATE-ZIP	5.3 CITY-STATE-ZIP	5.3 CITY-STATE-ZIP	5.3 CITY-STATE-ZIP
6.1 TITLE	6.1 NAME	6.1 TITLE	6.1 NAME
6.2 STREET ADDRESS	6.2 STREET ADDRESS	6.2 STREET ADDRESS	6.2 STREET ADDRESS
6.3 CITY-STATE-ZIP	6.3 CITY-STATE-ZIP	6.3 CITY-STATE-ZIP	6.3 CITY-STATE-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: OLAJIDE EGBERONGBE		4-10-97 (904) 514-3080	

CR2E034 (9/96)