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

PROFIT
CORPORATION
ANNUAL REPORT

1997



I LORIDA DEPARTMENT OF STA

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000068133 (3)

EBANKS ENTERPRISES, INC.

Principal Place of Business

1207 N. STATE RD. 7 HOLLYWOOD FL 33021 Mailing Address

1207 N. STATE RD. 7 HOLLYWOOD FL 33021-5106

FILED May 08 1997 8:00am Secretary of State



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								3	3. Date Inco 08/15/1		r Qualifie	d 3a, [Date of La	ast Ro	port
2. Principal Place of Business			2a. Mailir	2a. Mailing Address					4. FEI Numl					App	lied For
21			26	-					m	ppue	7			Not	Applicable
Suite, Apt	#, etc.	Suite,	Suite, Apt. #, etc.					5. Certificat	e of Status	Desired				dditional	
22	,	27	- 									Fe	e Rec	uired	
City & Stat	e	· · · · · ·	City & State					8. Election (, -	U				Лау Ве	
23	—————	0	28		T - Z					d Contribu		Ц			Fees
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24		25 and Address of Curren	29 Pagistared	Agant	30]	٠٠٠			Florida St		of None		No No	· ··-	
TAV			r negistered /	-deur		81	Name	10	0. Name an	O AGGIES!	S DI NOW	Hebisteted	Agent		
TAYLOR, MICHAEL 720 NW 148TH ST.						of Manie								į	
	M FL 33168						82 Street Address (P.O. Box Number is Not Acceptable)								
MAN	NI FL 93 100														
						83									
						84	City						85	Zip C	ode
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Office of r	registered ag	ent, or both, in the State th, and accept the obliga	of Florida, Suc	ch change was a	authoria	od bo	the corpo	oration's	board of di	rectors. If	ereby ac	e purpose o cept the ap	pointmer	nt as r	agistered
SIGNATURE		· · · · · ·		•											
+12	Signature, typod	or printed name of registered agen					nt signature re	required who	on reinstating)	0/01111100	0 50 05	DATE	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
12.	DP	OFFICERS AND	DIRECTORS	DELETE	18				ADDITION	S/CHANGI	:S 10 OF	FICERS AN			
NAME	EBANKS,	JAMES E				TITLE							☐ Cha	nge	Addition
4.24		TATE RD. 7				NAME									
STREET ADDRESS		OD FL 33021					ADDRESS								
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I. 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 eath; that I am an officer or director of the corporation or the receiver or true 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 a few interchanged with an address.

CIGNATURE

Change 6

elila.

954)9616151