

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED *98*

97 SEP -5 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000087766 (7)

1. Corporation Name  
EBE ASSOCIATES, INC.



Principal Place of Business  
6601 LIONS ROAD, SUITE #D10  
COCONUT CREEK FL 33073

Mailing Address  
6601 LIONS ROAD, SUITE #D10  
COCONUT CREEK FL 33073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/24/1996	3a. Date of Last Report
4. FEI Number 74-2847098	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 10734 Maple Creek Dr. Suite, Apt. #, etc. 22 City & State 23 Boca Raton, FL Zip 24 33498 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent  
AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent 81 Name CAROL GUTIERREZ 82 Street Address (P.O. Box Number is Not Acceptable) 6601 LIONS RD D-10 83 10734 MAPLE CREEK DR. BOCA RATON 84 City BOCA RATON FL 85 Zip Code 33498 COCONUT CREEK FL 33073
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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 *Carol Gutierrez*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, ROBERT	1.2 NAME	
STREET ADDRESS	6601 LIONS ROAD, SUITE #D10	1.3 STREET ADDRESS	100002289641--8
CITY-ST-ZIP	COCONUT CREEK FL 33073	1.4 CITY-ST-ZIP	-09/10/97--01091--013
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, YVETTE	2.2 NAME	
STREET ADDRESS	6601 LIONS ROAD, SUITE #D10	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, CAROL	3.2 NAME	
STREET ADDRESS	6601 LIONS ROAD, SUITE #D10	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, TERESA	4.2 NAME	
STREET ADDRESS	6601 LIONS ROAD, SUITE #D10	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, EDWARD III	5.2 NAME	
STREET ADDRESS	6601 LIONS ROAD, SUITE #D10	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, EDWARD II	6.2 NAME	
STREET ADDRESS	6601 LIONS ROAD, SUITE #D10	6.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	6.4 CITY-ST-ZIP	

14. 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 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 *Carol Gutierrez* SIGNATURE REQUIRED *954-698-9980*

CR2E034 (4/97)

8292

JULY 15, 1997

EBE ASSOCIATES, INC.  
6601 LYONS RD. D-10.  
COCONUT CREEK, FL 33073

DIVISION OF CORPORATION  
ANNUAL REPORTS SECTION

RE: EBE ASSOCIATES, INC.  
DOCUMENT # P96000087766 (7)

PLEASE ACCEPT OUR APOLOGY FOR SENDING THIS PAYMENT LATE. WE NEVER RECEIVED YOUR FIRST MAILING.

THE INDUSTRIAL PARK WE ARE IN IS STILL UNDER CONSTRUCTION AND WE HAVE MANY PROBLEMS RECEIVING OUR MAIL. OTHER TENANTS GET OUR MAIL AND WE GET THEIRS. THIS HAS BEEN REPORTED TO THE POST OFFICE SEVERAL TIMES BUT TO NO AVAIL.

AGAIN WE APOLOGIZE.

THANK YOU FOR YOUR CONSIDERATION.

SINCERELY,

*Carol Gutierrez S.D.*

*Please change address  
to*

*10734 Maple Chase dr.  
Boca Raton, Fl 33498*

*Thank you*

*Carol Gutierrez*