

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

FILED
Apr 03 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P97000073576 (5)
 1. Corporation Name
EBANKS SOUTHERN ENTERPRISES, INC.



| | |
|--|--|
| Principal Place of Business 2261 NW 196TH TERRACE MIAMI FL 33056 | Mailing Address 2261 NW 196TH TERRACE MIAMI FL 33056 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business 21 4851 NW 103 Ave. | 2a. Mailing Address 26 4851 NW 103 Ave. |
| Suite, Apt. #, etc. 22 54 | Suite, Apt. #, etc. 27 54 |
| City & State 23 SUNRISE FL | City & State 28 SUNRISE FL |
| Zip 24 33351 | Country 25 FLORIDA |
| | Zip 29 33351 |
| | Country 30 FLORIDA |

| | |
|--|--|
| 3. Date Incorporated or Qualified 08/22/1997 | |
| 4. FEI Number 65-0786862 | Applied For <input type="checkbox"/> 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 | |

9. Name and Address of Current Registered Agent
**EBANKS, ANDREW K
 2261 NW 196TH TERRACE
 MIAMI FL 33056**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name E | |
| 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

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | PO | <input type="checkbox"/> DELETE |
| NAME | EBANKS, CLIFF A | |
| STREET ADDRESS | 243-07 137TH AVENUE | |
| CITY-ST-ZIP | ROSEDALE NY 11422 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | EBANKS, ANDREW K | |
| STREET ADDRESS | 2261 NW 196TH TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33056 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | EBANKS, NOVLET | |
| STREET ADDRESS | 2261 NW 196TH TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33056 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 _____ DATE **3/30/98** **954-741-0027**

CR2E034 (10/97)