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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000081303 (4)

EBB TIDE REALTY, INC.

## FILED Feb 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				T TO DIVED I HE TERM TERM DEMIT SOUR BOY DEMIT SOUR TRACT THAT AND THE TRACT HIS SOUR THE SOUR		
230 KETTLE HARBOR DR P O BOX 56 PLACIDA FL 33946-0056 PLACIDA FL 33946-0056						
					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	
O Director Disco of Durings					09/18/1997	
	2. Principal Place of Business 2a. Mailing Address			<b>—</b> .	4. FEI Number	Applied For
21 4880 PLACIDA RD 26 4980 PLAS Sulte, Apt. #, etc. Suite, Apt. #, etc.			901019	RP	65-0788755	Not Applicable
1					Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat			<del></del>		6. Election Campaign Financing	
<del></del>	EWOOD FL 28 ENGLEWOOD		OD F	7/	Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the cur	
24 3483	24 25 CHARLOTTE	29 34224	30 ChA	RIOTE	· · · · · · · · · · · · · · · · · · ·	T]Yes <b>I⊉</b> No
	9, Name and Address of Current				10. Name and Address of New Registered	Agent
STRELAU, RICHARD				Name		
230 KETTLE HARBOR DR				Street Addre	ess (P.O. Box Number is Not Acceptable)	
PLACIDA FL 33946-0056						
•			83			
			84	City		85 Zip Code
•					<u> </u>	
11. Persuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 a						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	Charles St M	Last	Richa	en Str	ed when reinstating) DATE	20-98
Slovieure, typed or printed name of registered again and talle it applicable. (NOTI: FI  12. OFFICERS AND DIRECTORS				ent signature require	ADDITIONS/CHANGES TO OFFICERS AND	
TOLE	DIRECTOR - CONTER	DELETE	13.		ADDITIONS/CHANGES TO OTT ICENS AND	Change Addition
NAME	Richman SHEBLAN		1.2 NAME			
STREET ADDRESS	RICHARD SHEELAY 230 KEHLE HARDOL PR	- P.O. 56		T ADDRESS		
CITY-ST-ZIP	Phreion FL 33946-0056			ST-ZIP		
TITLE	337.0	DELETE	2.1 TITLE	J - L		☐ Change ☐ Addition
NAME	_		2.2 NAME			_ ,
STREET ADDRESS			2.3 STAEE	ADDRESS		
CITY-ST-ZIP	_		2. 4 CITY-	ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	I ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 CITY- :	ST-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREE	AODRESS		
CITY-ST-ZIP			5.4 CITY-5	ST - ZIP		<u></u>
TITLE		☐ DELET <b>E</b>	6.1 TITLE	,		Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - 5	ST-ZIP	440.02(0)/10	

r nereby certify that the information supplied with this filling 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

CR2FR24 (10/97)