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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S26958

(6)

EBC ENTERPRISES ORLANDO, INC.

Principal Place of Business

Mailing Address

1000 HOLCOMB BRIDGE RD BLDG 100 SUITE 300 ROSWELL GA 30076

1080 HOLCOMB BRIDGE RD BLDG 100 SUITE 300 ROSWELL GA 30076

FILED
May 06 1997 8:00am
Secretary of State



	•••										
							3. Date Incorporated or Qualified 3a. Date of Last Report				
							01/22/1991	07/23/1996			
	ace of Business		2a. Mailing Address				4. FEI Number		<u> </u>	pplied For	]
21		_+	26				59-3054541			ot Applicable	
Suite, Apt.	#, etc.	<b></b> 1	Suite, Apt. #, etc.				5. Certificate of Status Desired		_	Additional	
City & State		27	City & State							equired	┧
	;	28	<del></del>				6. Election Campaign Financing			May Be	1
Zip	Country Zip			T 75	ountry		Trust Fund Contribution			to Fees	┨
24	25	29	, İ	30	zanay		8. This corporation has flability for intengible tax under s. 199.032, Florida Statutes Yes No				
47	9. Name and Address of Current Registered Agent				T	10. Name and Address of New Registered Agent					
DTAG	SHNIK, LINDA				81	Name		<i>a</i>			1
2250 LUCIEN WAY			82 Street								
	E 100		1			2 Street Address (P.O. Box Number is Not Acceptable)					
	LAND FL 32751										1
!					84	City			5 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.											
agent. I a	n familiar with, and accept the obliga	tions of, Se	ction 607.0505, Flo	orida Sta	atutes	i.	and the second of the second o	pr the appoin		rogiotoroa	
Signature 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 OFFIC		RECTOR	RS IN 12	10
TITLE	P				1.1 TITLE				Change	Addition	18
NAME	DYE, THOMAS N.				1.2-NAME				_		1
STREET ADDRESS	AAA HALAAHA BAHAAF BA			1	1.3 STREET ADD						18
CITY-ST-ZIP	ROSWELL GA				1.4 CITY - ST- ZIP						١٢
TITLE					2.17DLE				Change	Addition	ไ
NAME	DYE, MIKE K.			2.21	2.2 NAME						
STREET ADDRESS	1080 HOLCOMB BRIDGE RD #	100 #310	00 #310		23 STREET ADDRESS						
CITY-ST-ZIP	ROSWELL GA				2. 4 CITY - ST - ZIP						Ì
TITLE	DELETE				3.1 TITLE				Change	Addition	1
NAME	GORMAN, CRAIG A				NAME						
STREET ADDRESS 1080 HOLCOMB BRIDGE RD BLDG 10			0 #310 3.3 STREE		STREET	ADDRESS					Ì
CITY-ST-ZIP	ROSWELL GA 30076		*		3.4. CHY-ST-ZIP						ſ
TITLE			DELETE		ITLE				Change	Addition	1
NAME				4 2	NAME	)					1
STREET ADDRESS				4.3	51REET	ADDRESS					
CITY-ST-ZIP				4.4	: City-si	1 - ZIP					
TITLE			DELETE		ITLE				Change	Addition	1
NAME				5.2	NAME	ĺ					
STREET ADDRESS				5.3	\$1REE1	ADDRESS					
CITY-ST-ZIP					54 CITY-ST-ZIP						1
TITLE					TITLE			L	Change	Addition	1
NAME				6.2	NAME						
STREET ADDRESS				6.3	; \$18661.	ADDRESS					Ī
CITY-ST-ZIP					ÇITY-S	l					1
	y certify that the information supplied	with this fil	ing does not qualif				tated in Section 119.07/3)(i) Florida Statute	s I furlher ce	rlify that	the	┨

In the money details the information supplied with this little does not quality 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 perporation 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 in changed, or on all attachment with an address.

SIGNATURE:

With MULL BLOI Orails A. Gorm

4-21-97 (770) 992-111