

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S26960 (2)

1. Corporation Name

EBC ENTERPRISES JACKSONVILLE, INC.



Principal Place of Business	Mailing Address
1080 HOLCOMB BRIDGE RD BLDG 100 SUITE 310 ROSWELL GA 30076	1080 HOLCOMB BRIDGE RD BLDG 100 SUITE 310 ROSWELL GA 30076

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		01/22/1991		09/25/1995	
Suite, Apt. #, etc		Suite, Apt. #, etc		4. FEI Number		Applied For	
22		27		58-1933334		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/> Florida Statutes	
Zip		Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PTASHNIK, LINDA 2250 LUCIEN WAY SUITE 100 MAITLAND FL 32751				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	Treasurer
NAME	DYE, THOMAS N.	12 NAME	Gorman, Craig A
STREET ADDRESS	1080 HOLCOMB BRIDGE RD	13 STREET ADDRESS	1080 Holcomb Br Rd, Bld 100, Ste
CITY - ST - ZIP	ROSWELL GA	14 CITY - ST - ZIP	Roswell, GA 30076
TITLE	S	21 TITLE	
NAME	DYE, MICHAEL	22 NAME	
STREET ADDRESS	1080 HOLCOMB BRIDGE RD. BLDG. #100 #310	23 STREET ADDRESS	
CITY - ST - ZIP	ROSWELL GA	24 CITY - ST - ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Craig A. Gorman** 7-17-96 (770) 992-8449

CR2E034 (3/96)