

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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: 1080 HOLCOMB BRIDGE RD BLDG 100 SUITE 310 ROSWELL GA 30076
Mailing Address: 1080 HOLCOMB BRIDGE RD BLDG 100 SUITE 310 ROSWELL GA 30076



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/22/1991	
21 4190 Belfort Road	25	26 Suite, Apt. #, etc.	27	4. FEI Number 58-1933334	Applied For Not Applicable
22 Suite 200	28	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Jacksonville, FL	29	30 City & State	31	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 32216	31	32 Zip	33	7. 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 PTASHNIK, LINDA 2250 LUCIEN WAY SUITE 100 MAITLAND FL 32751		10. Name and Address of New Registered Agent 81 Name DAWN SCHUMAN 82 Street Address (P.O. Box Number is Not Acceptable) 4190 BELFORT ROAD 83 SUITE 200 84 City JACKSONVILLE FL 85 Zip Code 32216	
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11. Pursuant to the provisions of Sections 607.0402 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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: [Signature] DATE: 2/9/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYE, THOMAS N.	12 NAME	
STREET ADDRESS	1080 HOLCOMB BRIDGE RD	13 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	T	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMAN, CRAIG A	32 NAME	
STREET ADDRESS	1080 HOLCOMB BR RD BLD 100 SUITE 100	33 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA	34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Mike K. [Signature] UP 1/28/98 770-992-1119

CR2ED34 (10/97)