

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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05 APR 14 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S48916** (8)

1. Corporation Name
EKBERG ENTERPRISES, INC.

Principal Place of Business Mailing Address

**6110 EDGEWATER DR
STE C
ORLANDO FL 32810
US**

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STE C
ORLANDO FL 32810
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/30/1991** 3a. Date of Last Report **04/29/1994**

4. FEI Number **59-3090311** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **6140 Edgewater Dr.** 25 **6140 Edgewater Dr.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Suite C** 27 **Suite C**

City & State City & State

23 **Orlando, FL** 28 **Orlando, FL**

Zip Country Zip Country

24 **32810** 25 **US** 29 **32810** 30 **US**

9. Name and Address of Current Registered Agent

**EKBERG, DANIEL
7425 COVINA CT.
ORLANDO FL**

10. Name and Address of New Registered Agent

81 Name **Ekbeng, Daniel**

82 Street Address (P.O. Box Number is Not Acceptable) **6742 Goldeneye Drive**

83

84 City **Orlando** FL 85 Zip Code **32810**

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 registering)

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	EKBERG, JEANETTE
STREET ADDRESS	7425 COVINA CT.
CITY- ST- ZIP	ORLANDO FL
TITLE	DVT
NAME	EKBERG, DANIEL
STREET ADDRESS	7425 COVINA CT.
CITY- ST- ZIP	ORLANDO FL
TITLE	VP
NAME	DEWEESE, RAY
STREET ADDRESS	474 LITTLE ASPEN CT
CITY- ST- ZIP	OCOE FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Ekbeng, Jeanette	
13 STREET ADDRESS	6742 Goldeneye Drive	
14 CITY- ST- ZIP		
21 TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Ekbeng, Daniel	
23 STREET ADDRESS	6742 Goldeneye Drive	
24 CITY- ST- ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeanette M. Ekbeng 1-6-95 407-298-7454
(SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR) (Date) (Explain Fees if applicable)