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Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT 1. Corporation Name S48916 (8)

EKBERG ENTERPRISES, INC.



Principal Place of Business

Mailing Address

5780 N. PINEHILLS RD
ORLANDO FL 32810
US

5780 N. PINEHILLS RD
ORLANDO FL 32810-3210
US

3. Date Incorporated or Qualified 04/30/1991
3a. Date of Last Report 02/27/1996

2. Principal Place of Business

2a. Mailing Address

21 5790 N. Pine Hills Road

26 5790 N. Pine Hills Road

4. FEI Number

59-3090311

Applied For

Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

Orlando, Florida

27 City & State

Orlando, Florida

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

32810

25 Country

Orange

29 Zip

32810

30 Country

Orange

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EKBERG, DANIEL
6742 GOLDENEYE, DR
ORLANDO FL 32810

81 Name Ekberg, 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

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 OFFICERS AND DIRECTORS IN 12

TITLE DPT DELETE
NAME Ekberg, Daniel
STREET ADDRESS 6742 Goldeneye Dr. Orlando, FL32810
CITY-ST-ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DVCS DELETE
NAME Ekberg, Jeanette
STREET ADDRESS 6742 Goldeneye Dr Orlando, FL32810
CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VP DELETE
NAME DeWeese, Ray
STREET ADDRESS 474 Little Aspen Ct.
CITY-ST-ZIP Ocoee, FL 34761

3.1 TITLE Change Addition
3.2 NAME DeWeese, Ray
3.3 STREET ADDRESS 2715 Coventry Lane
3.4 CITY-ST-ZIP Ocoee, FL 34761

TITLE VP DELETE
NAME Lloyd-Geraci, Kathleen
STREET ADDRESS 7425 Covina Ct.
CITY-ST-ZIP Orlando, FL 32810

4.1 TITLE Change Addition
4.2 NAME Lloyd-Geraci, Kathleen
4.3 STREET ADDRESS 6742 Goldeneye Dr.
4.4 CITY-ST-ZIP Orlando, FL 32810

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP VB 318

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME 600002117486
6.3 STREET ADDRESS -03/19/97--01011--033
6.4 CITY-ST-ZIP ***165.00

14. I do 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, or both, as changed, on an attachment with an address.

D. Geraci

3/6/97

(407)298-7454

CR2E034 (9/96)