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Feb 12 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 # S55384 (9)

1. Corporation Name
EBANKS AUTO SERVICE, INC.



Principal Place of Business

5647 HOLLYWOOD BLVD
HOLLYWOOD FL 33021
US

Mailing Address

4315 POLK STREET
HOLLYWOOD FL 33021-6615
US

3. Date Incorporated or Qualified
05/23/1991

3a. Date of Last Report
03/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

65-0272577

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

9. Name and Address of Current Registered Agent

EBANKS, LAMBRINI
4315 POLK STREET
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE DP
NAME EBANKS, EDWARD R.
STREET ADDRESS 7965 TROPICANA ST.
CITY - ST - ZIP MIRAMAR FL

☐ DELETE

TITLE DV
NAME EBANKS, EDWARD R., SR.
STREET ADDRESS 7965 TROPICANA ST.
CITY - ST - ZIP MIRAMAR FL

☐ DELETE

TITLE DST
NAME EBANKS, LAMBRINI
STREET ADDRESS 7965 TROPICANA ST.
CITY - ST - ZIP MIRAMAR FL

☐ DELETE

TITLE DV
NAME EBANKS, EDWARD JR
STREET ADDRESS 18911 N.W. 19 STREET
CITY - ST - ZIP PEMBROKES PINES FL 33029

☐ DELETE

TITLE DV
NAME OPITZ, MARTHA J
STREET ADDRESS 2051 ALCAZAR DRIVE
CITY - ST - ZIP MIRAMAR FL 33023

☐ DELETE

TITLE DST
NAME EBANKS, LAMBRINI
STREET ADDRESS 7965 TROPICANA STREET
CITY - ST - ZIP MIRAMAR FL 33023

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 if changed, or on an attachment with an address.

SIGNATURE: *Lambrini Ebanks* LAMBRINI EBANKS 2/7/97 9549833128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)