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FILED
Apr 24 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 # **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
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/23/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0272577	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. 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		10. Name and Address of New Registered Agent	
EBANKS, LAMBRINI 4315 POLK STREET HOLLYWOOD FL 33021		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 **X** **SECRETARY** **4/14/98**
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	DP	1.1 TITLE	DP
NAME	EBANKS, EDWARD R.	1.2 NAME	EBANKS, EDWARD R., SR
STREET ADDRESS	7965 TROPICANA ST.	1.3 STREET ADDRESS	4315 POLK ST.
CITY-ST-ZIP	MIRAMAR FL	1.4 CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	DV	2.1 TITLE	DP
NAME	EBANKS, EDWARD R., SR.	2.2 NAME	EBANKS, EDWARD R., SR.
STREET ADDRESS	7965 TROPICANA ST.	2.3 STREET ADDRESS	4315 POLK ST.
CITY-ST-ZIP	MIRAMAR FL	2.4 CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	DST	3.1 TITLE	DST
NAME	EBANKS, LAMBRINI	3.2 NAME	EBANKS, LAMBRINI
STREET ADDRESS	7965 TROPICANA ST.	3.3 STREET ADDRESS	4315 POLK ST.
CITY-ST-ZIP	MIRAMAR FL	3.4 CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	DV	4.1 TITLE	
NAME	EBANKS, EDWARD JR	4.2 NAME	
STREET ADDRESS	18911 N.W. 19 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKES PINES FL 33029	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	DV
NAME	OPITZ, MARTHA J	5.2 NAME	OPITZ, MARTHA J
STREET ADDRESS	2051 ALCAZAR DRIVE	5.3 STREET ADDRESS	4015 FILLMORE ST.
CITY-ST-ZIP	MIRAMAR FL 33023	5.4 CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	DST	6.1 TITLE	
NAME	EBANKS, LAMBRINI	6.2 NAME	
STREET ADDRESS	7965 TROPICANA STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33023	6.4 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: **X E. Edward R. Ebanks, President** **4/14/98** **(954) 963-1754**

CR2E034 (10/97)