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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V44184

(2)

EBW NO. 23, INC.

FILED May 06 1997 8:00am Secretary of State

Principal Place of Business	Mailing Address	
édi windhover dr Orlando fl. 32819	5801 WINDHOVER DR ORLANDO FL 32819-7914	
		3. Date Incorporated or Qualified 3a. Date of Last Report

SECT WINDHOVER DR ORLANDO FL 32819		5801 WINDHOVER DR ORLANDO FL 32819-7914								
					3. Date Incorporated or 06/17/1992	Qualified		te of Last F)1/1996	Report	
├─ ─		2a. Mailing Address	Mailing Address		4. FEI Number				oplied For	
Suite, Apt.	# elc	Suite, Apt. #, etc.			41-1729215				ot Applicable	
22	·	27			5. Certificate of Status D	esired	S8.75 Additional Fee Required			
City & State		City & State			Election Campaign Fire Trust Fund Contribution				May Be to Fees	
Zip 24	Country 25	Zip 29	Oountry 30		8. This corporation has li Florida Statutes		ntangible] Yes 🛛 🕻		. 199.032	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address o	of New Reg	gistered A	gent		
	IDER, MICHAEL		81 Na	ame						
	W CYPRESS CREEK RD		82 Str	eet Address	(P.O. Box Number is Not	Acceptab	le)			
	TE 700 AUDERDALE FL 33309		83	·						
FIL	MUDERDALE PL 33308									
			84 Cit	ty			FL	85 Zip	Code	
11. Pursuant i office or reagent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblic	02 and 607.1508, Florida Statu c of Florida. Such change was latious of Section 607.0505 Fl	les, the above-nar authorized by the orda Statutes	ned corpora corporation	ation submits this statemer 's board of directors. Ther	nt for the pe eby accep	urnose of	changing it pintment as	ts registered registered	
SIGNATURE		,								
·	Signature, typed or printed name of registered ag		t : Registpred Agent sign	nature required w	0.		DATE		·	
12.	OFFICERS AN	ID DIRECTORS DELETE	13.	···	ADDITIONS/CHANGES	TO OFFIC				
NAME	SIEGEL, DAVID A.		1.1 THLE 1.2 NAME			_		Change	Addition	
STREET ADDRESS	5601 WINDHOVER DR		1.3 STREET ADDRE	اها دا	5 Windhover lando, FL : 5 Windhove lando, FL	·Dr.				
CITY-ST-ZIP	ORLANDO FL		14 CITY - ST - ZiP	or	lando .FL :	3281	9			
TITLE	DST	DELETE	2 1 TITLE					Change	Addition	
NAME	SIEGEL, BETTIE		2 2 NAME	l	- 1 1 rollback	, n	L	•		
STREET ADDRESS	5601 WINDHOVER DR		2 3 STREET ADDRE	188 561	5 WINDING	., p	` `			
CITY-ST-ZIP	ORLANDO FL		2 4 C(1Y-S1-ZIP	orl	lando, FL	<u>328</u>	19			
TITLE NAME		☐ DELETE	3.1 TITLE					Change	Addition	
STREET ADDRESS			3.2 NAME							
CITY-ST-ZIP			3.3 STREET ADDRE 3.4. CITY - S1 - ZIP							
TITLE	/	DELETE	4.1 TITLE					Change	Addition	
NAME			4. 2 NAME				•		hand . Work Off	
STREET ADDRESS			4.3 STREET ADDRE	FSS						
CITY-ST-ZIP			4.4 CITY - ST - ZIP							
TITLE		DELETE	5.1 TOLE					Change	Addition	
NAME			5.2 NAME		4					
STREET ADDRESS			5.3 STREET ADDRE	ES\$						
CITY-ST-ZIP		☐ DELETE	5.4 CITY - ST - ZIP							
TITLE		L_J Villit	6.1 TITLE					Change	Addition	
NAME STREET ADDRESS			6.2 NAME							
CITY-ST-7IP			6.3 STREET ADDRE	661						

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 armual report 3 upplemental arguest report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the receiver of trustee impowered by execute this report as required by Chapter 607, Florida Statutes; and that my name