

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V44184 (2)
1. Corporation Name
EBW NO. 23, INC.



Principal Place of Business
5601 WINDHOVER DR
ORLANDO FL 32819

Mailing Address
5601 WINDHOVER DR
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 5615 Windhover Dr
Suite, Apt. #, etc.
22
City & State
23 ORLANDO FL
Zip
24 32819
Country
25 US

2a. Mailing Address
26 5615 Windhover Dr
Suite, Apt. #, etc.
27
City & State
28 ORLANDO FL
Zip
29 32819
Country
30 US

3. Date Incorporated or Qualified
06/17/1992

4. FEI Number
41-1729215
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARDER, MICHAEL
100 W CYPRESS CREEK RD
SUITE 700
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name
JOHNSTON, ROBERT M.
82 Street Address (P.O. Box Number is Acceptable)
9601 Chase Road
83
84 City
WINDERMERE
85 Zip Code
FL 34786

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, with 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

Robert M. Johnston

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	SIEGEL, DAVID A.	5615 WINDHOVER DR	ORLANDO FL	<input checked="" type="checkbox"/>
DST	SIEGEL, BETTIE	5615 WINDHOVER DR	ORLANDO FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
DPT	SIEGEL, STACEY	5615 WINDHOVER DR	ORLANDO, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Robert M. Johnston
4/24/98

CR2E034 (10/97)