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**May 09 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 # M59591 (1)
1. Corporation Name
E & B ASSOCIATES INC.



Principal Place of Business
**1960 VELASCO ST.
J3
FT. MYERS FL 33916
US**

Mailing Address
**1960 VALASCO ST
UNIT #J3
FT MYERS FL 33916-2700**

3. Date Incorporated or Qualified
09/23/1987

3a. Date of Last Report
05/20/1996

4. FEI Number
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

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

9. Name and Address of Current Registered Agent
**BEVERLY BRYSON
706 EDISON AVE
LEHIGH ACRES FL 33936**

10. Name and Address of New Registered Agent

81 Name **Beverly Bryson**

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

83 **Lehigh Acres**

84 City **FL** 85 Zip Code **33936**

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 **B. Bryson Pres** DATE **4/29/97**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD BRYSON, BEVERLY E.**

STREET ADDRESS **706 EDISON AVE**

CITY-ST-ZIP **LEHIGH FL**

TITLE DELETE

NAME **VD BRYSON, EMMIT JR.**

STREET ADDRESS **706 EDISON AVE**

CITY-ST-ZIP **LEHIGH FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 **B. Bryson Pres** DATE **4/29/97**

CR2E034 (9/96)