

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 838649 (2)
1. Corporation Name
THE ELI WITT COMPANY



Principal Place of Business: 8305 S.E. 58TH AVENUE, Ocala FL 34480, US
Mailing Address: P.O. BOX 3700, Ocala FL 34478, US

3. Date Incorporated or Qualified: 06/23/1977
3a. Date of Last Report: 04/28/1995

21	2. Principal Place of Business 8305 S.E. 58th Avenue	2a	2a. Mailing Address P.O. Box 3700	4.	FEI Number 59-1743575	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State Ocala, Florida	27	City & State Ocala, Florida	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 34480	28	Zip 34478	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0507 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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KULIK, DANIEL R.			1.2 NAME	Hoyland, Frederick		
STREET ADDRESS	3829 COCONUT PALM DR.			1.3 STREET ADDRESS	8305 S.E. 58th Avenue		
CITY-ST-ZIP	TAMPA, FL 0			1.4 CITY-ST-ZIP	Ocala, Florida 34480		
TITLE	P	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BANE, RONALD L.			2.2 NAME	Pollock, George A.		
STREET ADDRESS	3829 COCONUT PALM DRIVE			2.3 STREET ADDRESS	8305 S.E. 58th Avenue		
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP	Ocala, Florida 34480		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, JAY M.			3.2 NAME			
STREET ADDRESS	% 3829 COCONUT PALM DR			3.3 STREET ADDRESS	8305 S.E. 58th Avenue		
CITY-ST-ZIP	TAMPA FL			3.4 CITY-ST-ZIP	Ocala, Florida 34480		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOYLAND, FREDERICK C.			4.2 NAME	Cullman, Edgar M.		
STREET ADDRESS	3829 COCONUT PALM DR.			4.3 STREET ADDRESS	8305 S.E. 58th Avenue		
CITY-ST-ZIP	TAMPA FL			4.4 CITY-ST-ZIP	Ocala, Florida 34480		
TITLE	VST	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIEGLER, G. MICHAEL			5.2 NAME			
STREET ADDRESS	8305 S E 58TH AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			5.4 CITY-ST-ZIP	Ocala, Florida 34480		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CULLMAN, EDGAR JR			6.2 NAME			
STREET ADDRESS	3829 COCONUT PALM DR			6.3 STREET ADDRESS	8305 S.E. 58th Avenue		
CITY-ST-ZIP	TAMPA FL			6.4 CITY-ST-ZIP	Ocala, Florida 34480		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *G. Michael Riegler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
G. Michael Riegler 4/22/96 (352) 347-0900
Sec/Treas Date Daytime Phone #

CR2E034 (12/95)