

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F15196** (1)  
1. Corporation Name  
**ELKAR HOLDINGS (FLORIDA), INC.**



Principal Place of Business: **215 NORTH EOLA DRIVE ORLANDO FL 32801**  
Mailing Address: **215 NORTH EOLA DRIVE ORLANDO FL 32801**

3. Date Incorporated or Qualified: **01/15/1981**  
3a. Date of Last Report: **02/08/1995**  
4. FEI Number: **59-2056341**  
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 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  
24. Country  
25. Country  
2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Country

g. Name and Address of Current Registered Agent  
**JOHNSON, LORAN A.  
215 N. EOLA DRIVE  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL 85**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>MD</b>	<input type="checkbox"/> DELETE
NAME	<b>MORTON, PAUL</b>	
STREET ADDRESS	<b>1090 DON MILLS ROAD</b>	
CITY-ST-ZIP	<b>DON MILLS, ONT, CANADA</b>	
TITLE	<del><b>MD</b></del>	<input checked="" type="checkbox"/> DELETE
NAME	<del><b>GOLDBERG, PERCY</b></del>	
STREET ADDRESS	<del><b>1090 DON MILLS ROAD</b></del>	
CITY-ST-ZIP	<del><b>DON MILLS, ONT, CANADA</b></del>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>GOLDBERG, ELAINE</b>	
STREET ADDRESS	<b>1090 DON MILLS ROAD</b>	
CITY-ST-ZIP	<b>DON MILLS, ONT, CANADA</b>	
TITLE	<b>TAS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MORTON, KAREN</b>	
STREET ADDRESS	<b>1090 DON MILLS ROAD</b>	
CITY-ST-ZIP	<b>DON MILLS, ONT, CANADA</b>	
TITLE	<b>ASDT</b>	<input type="checkbox"/> DELETE
NAME	<b>MORTON, HENRY</b>	
STREET ADDRESS	<b>1090 DON MILLS ROAD</b>	
CITY-ST-ZIP	<b>DON MILLS, ONT, CANADA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	<b>VD GOLDBERG, LAURENCE</b>
23. STREET ADDRESS	<b>488 HURON STREET</b>
24. CITY-ST-ZIP	<b>TORONTO, CANADA M5R 2R3</b>
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME	<b>P 200001844972</b>
53. STREET ADDRESS	<b>-05/30/96--01094--019</b>
54. CITY-ST-ZIP	<b>***25.00</b>
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	<b>500001844975</b>
63. STREET ADDRESS	<b>-05/30/96--01094--020</b>
64. CITY-ST-ZIP	<b>***200.00</b>

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; 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**HENRY MORTON**

4/26/96

CR2E034 (12/95)