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

OCUMENT # J08291

(3)

IHE ELA	AN GHOUP, INC.				:
Principal Plac	e of Business	Mailing Address			INI ALLI ELEK BINI DINI DILI INE
2907 BAY TO E	BAY BLVD.	PO BOX 24108			
102		TAMPA FL 33623-4108			
TAMPA FL 33629 US US					
00				 Date Incorporated or Qualified 04/02/1986 	3a. Date of Last Report 05/01/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2654577	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
22		27		6. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution	LJ Added to Fees
24	25	29	30	B. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, LYes □ No
57]	9. Name and Address of Current		1301	10. Name and Address of New Rec	
THA	XTON, JOSEPH MACK		81 Name		
	BAY TO BAY BLVD., STE 102		82 Street Addr	ress (P.O. Box Number is Not Acceptable	(a)
	PA FL 33629		or offeet Addi	ess (r.o. Box Number is Not Acceptable	e)
			83		
			84 City		85 Zip Code
 			[] - "		FL
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	tand 607.1508, Florida Stat of Florida, Such change was	utes, the above-named corp sauthorized by the corporat	poration submits this statement for the pulion's board of directors. I hereby accep	urpose of changing its registered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, f	lorida Statutes.		t in appointment do registered
SIGNATURE	Steenhart based as a significant				
12.	Signature, typod or printed name of registered agen OFFICERS AND	****	OTC: Regispred Agent signature requir	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	DCO	DELETE	1.I TITLE		Change Addition
NAME	THAXTON, JOSEPH MACK		1.2 NAME		
STREET ADDRESS 2907 BAY TO BAY BLVD.; SUITE 102		1.8 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		1.4 CITY - ST - ZIP		
TITLE	DP	DELETE	21 11TLE		Change Addition
NAME ·	HAYS, GEORGE R., JR.		2.2 NAME		,
STREET ADDRESS	2907 BAY TO BAY BLVD. SUITE	: 102	2 8 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	T octors	2 4 CITY-ST-7IP		
TITLE	D THOMAS	DELETE	3 1 1HLE		Change Addition
NAME	JOHNSON, THOMAS 702 SAND LAKE ROAD		3 & NAME		
STREET ADDRESS	ONALASKA WI		3 9 STREET ADDRESS		
CITY-ST-ZIP TITLE	V	DELETE	3 4. CITY- \$1 - ZIP 4.1 TITLE		Change Addition
NAME	THAXTON, JOSEPH D		4. 2 NAME		Li puende Li voguon
STREET ADDRESS	2907 BAY TO BAY BLVD. SUITE	102	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	V	DELETE	5.1 TITLE		Change Addition
NAME	MASTERS, MICHAEL R		5.8 NAME		-
STREET ADDRESS	2907 BAY TO BAY BLVD. SUITE	102	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE		☐ D€LEYE	6.1 Trile		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

6.4 CITY - S1 - 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 chapted, or on an attachment with an actives.

FILED

May 02 1997 8:00am

Secretary of State