

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

FILED

**Apr 21 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 # **K42994** (9)

1. Corporation Name
ELORAC, INC.



Principal Place of Business
**C/O CAROLE M. KASSI
17174 NW 87 AVE RD
REDDICK FL 32686
US**

Mailing Address
**17174 NW 87 AVE RD
REDDICK FL 32686
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **17235 NW 87 Ave Rd** Suite, Apt. #, etc.

22 City & State

23

24 Zip Country

25

26 **17235 NW 87 Ave Rd** Suite, Apt. #, etc.

27 City & State

28

29 Zip Country

30

3. Date Incorporated or Qualified
11/03/1988

4. FEI Number
65-0080408 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

**KASSI, CAROLE M.
17174 NW 87 AVE RD
REDDICK FL 32686**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
17235 NW 87 Ave Rd

83

84 City **FL** 85 Zip Code

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
17235 NW 87 Ave Rd

83

84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
DP	KASSI, CAROLE M. 17174 NW 87 AVE RD REDDICK FL	<input type="checkbox"/> DELETE	17235 NW 87 Ave Road
VP	KASSI, ROBERT E 17174 NW 87 AVE RD REDDICK FL	<input type="checkbox"/> DELETE	17235 NW 87 Ave Road
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	17235 NW 87 Ave Road
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	17235 NW 87 Ave Road
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Carole M Kassi* 11 15 98 363-591-148

CR2E034 (10/97)