Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90209 009 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K45946

1. Corporation Name

ELD INN/ESTMENT CORD

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Principal Place	of Business	Mailing Address					E)) Wiell E1811 B1811 B1	
C/O JE HERON	L PRES	C/O JE HERON. PRES						
P.O. BOX 2973 P.O. BOX		P.O. BOX 2973				DO NOT WOLLS IN T	UIO CDACE	
PALM BEACH FL 33480 PALM BEACH FL 33		PALM BEACH FL 33480	480			DO NOT WRITE IN T	HIS SPACE	
	•					3. Date Incorporated or Qualifed 11/10/1988		ļ
		O Martitus Address				4. FEI Number		olied For
—	lace of Business	2a. Mailing Address				65-0084177	<u> </u>	Applicable
21)	# · · · · ·	Suite, Apt. #, etc.	·				\$8.75 A	
Suite, Apt. :	#, etc.	27				5. Certificate of Status Desired	Fee Red	
City & State		City & State				6. Election Campaign Financing	\$5.00	May Re
23	•	28				Trust Fund Contribution	Added to	
Zip	Country	Zip	Cou	ıntry		8. This corporation owes the current year	r Intangible	
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Register	red Agent	
				81	Name			ł
	on, Jean E.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		-
232 AUSTRALIAN AVE								
PALN	M BEACH FL 33480			83				ŀ
				84	City		85 Zip C	Code
44 Durautant	to the provisions of Sections 607 05	02 and 607 1508 Florida Statu	ites, the a	bove-	-named corpo	tion authmits this statement for the number	of changing its	registered
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0595, Fl	authorized orida Stat	d by ti cutes.	he corporatio	organist submits this statement for the purposi on's board of directors. I hereby accept the ap	ppointment as reg	gistered
				,		<i>2</i>		
SIGNATURE	VERME HERON AS	PRESIDENT XA	n Coll	ew	ndeco!	ilected	7-16-49	\
SIGNATURE	Verm E HERUN AS Signature, typed or printed name of registered age	RESIDENT (NOT and title if applicable. (NOT	r CCC E: Registered	ew	ndeco!	d when reinstating) . DATE	7-16-49	
SIGNATURE	VERN EHEROU AS Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable.  ND DIRECTORS	TE: Registered	d Agent	ndeco!	ilected	AND DIRECTO	RS IN 12
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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 andress, with all other like empowered.

SIGNATURE:

SIGNATURE:

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP