

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 12, 1999 8:00 am**  
**Secretary of State**

04-12-1999 90040 045 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N50310**

1. Corporation Name  
**ELITE LADIES ASSOCIATION INC.**

Principal Place of Business 470 N.E. 180 DRIVE NORTH MIAMI BEACH FL 33162	Mailing Address 470 N.E. 180 DRIVE NORTH MIAMI BEACH FL 33162
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/10/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0360011 Applied For Not-Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  OLAIGBE, OLA 18441 NW 2ND AVE #220 MIAMI FL 33168	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE
12. OFFICERS AND DIRECTORS				
TITLE	P	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	ADELEKE, FOLA		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	470 NE 180 DR.		1.2 NAME	
CITY-ST-ZIP	N MIAMI FL 33162		1.3 STREET ADDRESS	
TITLE	S	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
NAME	OLADUNNI, FOLASHADE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7900 NW 27 AVE		2.2 NAME	
CITY-ST-ZIP	MIAMI FL 33147		2.3 STREET ADDRESS	
TITLE	T	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
NAME	ALLE, MARGARET		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1940 NW 119TH ST #822		3.2 NAME	
CITY-ST-ZIP	MIAMI FL 33167		3.3 STREET ADDRESS	
TITLE	D	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME	BREWSTER, ANNABEL		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9747 SW 134 TR		4.2 NAME	
CITY-ST-ZIP	MIAMI FL 33176		4.3 STREET ADDRESS	
TITLE	D	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME	KOLAPO, LARRY		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1031 NW 202 ST		5.2 NAME	
CITY-ST-ZIP	MIAMI FL		5.3 STREET ADDRESS	
TITLE	D	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME	ADGNUGA, LAWRENCE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	34 NW 95 ST		6.2 NAME	
CITY-ST-ZIP	MIAMI FL 33150		6.3 STREET ADDRESS	
			6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

*[Signature]* 4/6/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037\_ (1/1/98)