

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -3 AM 9:23

DOCUMENT # P94000026622 (8)

1. Corporation Name

ELITE DEVELOPMENT, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
17071 W. DIXIE HWY. 17071 W. DIXIE HWY.  
SUITE B SUITE B  
N. MIAMI BEACH FL 33160 N. MIAMI BEACH FL 33160

3. Date Incorporated or Qualified 04/07/1994 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	25	25-0492500	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	29	30	

9. Name and Address of Current Registered Agent

ROGOVIN, LAWRENCE H  
17071 W. DIXIE HWY.  
SUITE B  
N. MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

B1	Name	B5	Zip Code
B2	Street Address (P.O. Box Number is Not Acceptable)	FL	
B3			
B4	City		

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

(Signature, typed or printed name of registered agent and title of office)

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1 NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2 NAME	1.2 NAME	
STREET ADDRESS	3 STREET ADDRESS	1.3 STREET ADDRESS	
CITY - ST - ZIP	4 CITY - ST - ZIP	1.4 CITY - ST - ZIP	
TITLE	2.1 TITLE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2.2 NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
CITY - ST - ZIP	2.4 CITY - ST - ZIP	2.4 CITY - ST - ZIP	
TITLE	3.1 TITLE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.2 NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
CITY - ST - ZIP	3.4 CITY - ST - ZIP	3.4 CITY - ST - ZIP	
TITLE	4.1 TITLE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY - ST - ZIP	4.4 CITY - ST - ZIP	4.4 CITY - ST - ZIP	
TITLE	5.1 TITLE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY - ST - ZIP	5.4 CITY - ST - ZIP	5.4 CITY - ST - ZIP	
TITLE	6.1 TITLE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY - ST - ZIP	6.4 CITY - ST - ZIP	6.4 CITY - ST - ZIP	

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 or its 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 checked, or on an attachment with an addendum.

SIGNATURE: Stanley Lesniak, pres 1/25/95 305-554-1560  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Date) (Telephone #)