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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000082233 (4)

SUPE	ce of Busines	ELLITE, INC.	Mai	EZOO (4)								
WINTER PARK FL 32789			_	ALTAMONTE SPRINGS FL 32714								
U\$			US	•				DO NOT WRITE IN THIS	SPACE			
								3. Date Incorporated or Qualified				
2. Principal	Place of Busi	ness	28.	2a, Mailing Address				10/24/1995 4. FEI Number	<u>_</u>	Appli	ied For	
21			— — ·	26				59-3256664	<u> </u>		Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					\$8.7		ditional	
22				27				5. Certificate of Status Desired	Fee	Requ	iired	
City & State				City & State				6. Election Campaign Financing Trust Fund Contribution		00 Ma ed to F		
Zip		Country		Zip Co			1	B. This corporation owes or has paid the co		Intang	gible	
24	25 29				30				X Yes		No	
		and Address of Cui	rent Registe	ered Agent		81	T 11	10. Name and Address of New Registered	Agent			
	AMB, JAMES				ļ	a ;	Name					
2401 VIRGINIA DRIVE ALTAMONTE SPRINGS FL 32714							Street Addr	ress (P.O. Box Number is Not Acceptable)				
ļ A	LIAMUNIE	Sparings fl 32/14	}		}	83	 					
						84	City	Fi	85 Z	ip Cod	de	
11. Pursuan office or	t to the provis	tions of Sections 607.	0502 and 60 ate of Florida	7.1508, Florida Statu a. Such change was	tes, the ab	ove l by	e-named corp the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the ap	of changin pointment	g its reç	egistered gistered	
SIGNATURE		in, and accept the of	ingutions of	5550011 507.0505, 11	Oligia Siale		J.					
	Signature, lyped	or printed name of registered				Age	ent signature requir	red when reinstaling) DATE				
12.	T D	OFFICERS	AND DIRECT	ORS DELETE	13. 1.1 IU			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT		IN 12 Addition	
TITLE NAME	_	JAMES A.		1.1 T					[_] Guanç	ie r	Addition	
STREET ADDRESS		RGINIA DRIVE					ADDRESS					
CITY-ST-ZIP ALTAMONTE SPRINGS FL							GT-ZIP					
TITLE				DELETE 2.11			,, <u>r,,</u>		Chang	ge [Addition	
NAME					2.2 NAM							
STREET ADDRESS	DRESS			2.3 S			ADDRESS					
CITY-ST-ZIP	Y-ST-ZIP						ST-ZIP					
TITLE				DELETE 3.1 TITU					Chang	je [Addition	
NAME	1				3.2 NAI							
STREET ADDRESS					ſ		ADDRESS					
CITY-ST-ZIP TITLE	96			3.4. CITY DELETE 4.1 TITU			ST-ZIP		Chang	. Г	Addition	
NAME				_ better	4. 2 NAME					<i>r</i>	Audition	
STREET ADDRESS							ADDRESS					
CITY-SI-ZIP					4.4 CIT							
TITLE	 			DELETE	5.1 TITI				Chang	je [Addition	
NAME	1				5.2 NAM		1					
STREET ADDRESS					5.3 STR	EET	ADDRESS					
CITY-ST-ZIP		·			5.4 CIT	Y - S1	T-ZIP					
TITLE				DELETE	6.1 TITI	.E			Chang	je [Addition	
NAME					6.2 NAM	ME						
STREET ADDRESS					6.3 S1R	REET	ADDRESS					
CITY-ST-ZiP					6.4 CfT	Y - S1	T-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 calls, 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.

CICALATUDE, Y JULIAN

2/21/98 (40) 862-8002

FILED

Apr 03 1998 8:00am

Secretary of State