

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 ACCOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 OCT -4 PM 2: 12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000063299
 1. Corporation Name
ELITE MANAGEMENT INTERNATIONAL, INC.



Principal Place of Business Mailing Address
 P O BOX 34-8001 P O BOX 34-8001
 CORAL GABLES FL 33234 CORAL GABLES FL 33234

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified	07/21/1997
4. FEI Number	65-0785437
5. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

HAYDEN, STEPHANIE
5495-01 MONTEREY CIR
DELRAY BEACH FL 33484

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

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MCMANUS, MATTHEW	
STREET ADDRESS	P O BOX 34-8001 ((N/A))	
CITY-ST-ZIP	CORAL GABLES FL 33234	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCMANUS, STACEY	
STREET ADDRESS	P O BOX 34-8001 ((N/A))	
CITY-ST-ZIP	CORAL GABLES FL 33234	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Paul McManus	
1.3 STREET ADDRESS	PO Box 34-8001 Coral Gables, FL 33234	
1.4 CITY-ST-ZIP		
2.1 TITLE	VP Stacey McManus	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PO Box 34-8001	
2.3 STREET ADDRESS	Coral Gables, FL. 33234	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	900003012879--8	
3.3 STREET ADDRESS	-10/12/99--01058--005	
3.4 CITY-ST-ZIP	***150.00 ***150.00	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul McManus* Paul McManus Sept 20th 99 305-460-8998
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0081284

CR2E034 (5/99)

KE



**Elite
Management
International, Inc.**

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Division of Corporations
P.O. Box 6327
Tallahassee, Florida
32314

Dear Sir or Madam:

Enclosed please find a check in the amount of \$150.00 to satisfy my yearly fee. Please note that I did not receive my first notice from you, which is why I did not respond in a timelier manner. I was told that by simply sending the \$150.00 and explaining that I was hospitalized for a significant period of time in addition to not receiving my first notice would be significant justification to allow for the payment to remain at \$150.00 as opposed to \$550.00.

Please accept my apology and file this immediately with my thanks.

Sincerely,

Matthew N. McManus