

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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90115 023 \*\*\*150.00

DOCUMENT # P97000091770

1. Corporation Name

ELLIOTT INDUSTRIES, INC.

Principal Place of Business

6011 MEDICI COURT #306  
SARASOTA FL 34243

Mailing Address

6011 MEDICI COURT #306  
SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1997

2. Principal Place of Business

2a. Mailing Address

21 435 GULFSTREAM AV. SO.

26 435 GULFSTREAM AV. SO.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 706

27 SUITE 706

City & State

City & State

23 SARASOTA, FLORIDA

28 SARASOTA, FLORIDA

Zip

Country

Zip

Country

24 34236

25 USA

29 34236

30 USA

4. FEI Number

65-0789354

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROSPERI, MICHEL  
6011 MEDICI COURT #306  
SARASOTA FL 34243

81 Name

MICHEL PROSPERI

82 Street Address (P.O. Box Number is Not Acceptable)

435 GULFSTREAM AVE SO.

83

SUITE 706

84

SARASOTA

FL

85

Zip Code  
34236

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	PROSPERI, JEANNINE E	
STREET ADDRESS	6011 MEDICI COURT #306	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PROSPERI, MICHEL	
STREET ADDRESS	6011 MEDICI COURT #306	
CITY-ST-ZIP	SARASOTA FL 34243	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PROSPERI, JEANNINE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	C/O ELLIOTT INDUSTRIES, INC.	
1.3 STREET ADDRESS	P.O. BOX 49434	
1.4 CITY-ST-ZIP	SARASOTA, FLORIDA 34230	
2.1 TITLE	PROSPERI, MICHEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	C/O ELLIOTT INDUSTRIES, INC.	
2.3 STREET ADDRESS	P.O. BOX 49434	
2.4 CITY-ST-ZIP	SARASOTA, FL 34230	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/99

941 366.2959

CR2E034 (11/98)