FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAY 31 AM 7:43

DOCUMENT # 593264

1. Corporation Name

ELARE CORPORATION

800001504298
-06/02/95--01018--024
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business / Mailing Address

16950 VILLAS SQUARE
FT. MYERS FL 33908-4522

3. Date Incorporated or Qualified: 12-07-77	3a. Date of Last Report: April 1994
2. Principal Place of Business: 21 16950 VILLAS SQUARE FT. MYERS FL; 22 Suite Apt. #, etc.; 23 City & State: FT. MYERS FL 33908-4522; 24 Zip: 33908-4522; 25 Country: USA	2a. Mailing Address: 26 16950 VILLAS SQUARE; 27 Suite Apt. #, etc.; 28 City & State: FT. MYERS FL 33908-4522; 29 Zip: 33908-4522; 30 Country: USA
4. FEI Number: 59-1789711	☐ 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 has liability for intangible tax under § 199.032 Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

A. R. EDWARDS
16950 VILLAS SQUARE
FT. MYERS FL 33908-4522

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/S/T/D	11 TITLE	☐ Change ☐ Addition
NAME	A. R. EDWARDS	12 NAME	
STREET ADDRESS	16950 VILLAS SQUARE	13 STREET ADDRESS	
CITY ST ZIP	FT. MYERS FL 33908-4522	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 above, or on an attachment with an address.

SIGNATURE: A. R. Edwards President — May 17, 1995 — 813-489-4383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

A. R. EDWARDS