
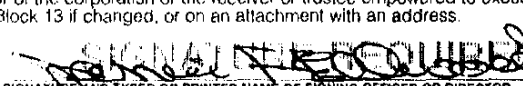


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 409186 (4) 1. Corporation Name ELCO, INC.			
Principal Place of Business 2411 S. FEDERAL HWY. SABAL PALM PLAZA FT PIERCE FL 34982		Mailing Address 2411 S. FEDERAL HWY. SABAL PALM PLAZA FT PIERCE FL 34982-5821	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent SNEED, RICHARD D., JR., ESQ. 121 ORANGE AVENUE FORT PIERCE FL 33450		3. Date Incorporated or Qualified 09/20/1972 3a. Date of Last Report 07/09/1996 4. FEI Number 59-1418629 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.		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	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY- ST- ZIP PD ELLWOOD, JANICE 2411 S FEDERAL HWY FT PIERCE, FL 00000 [] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE [] Change [] Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE [] Change [] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP 3.1 TITLE [] Change [] Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP 4.1 TITLE [] Change [] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE [] Change [] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP 6.1 TITLE [] Change [] Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP	
14. I do 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4/3/97 Daytime Phone #: 561-461-2903			

CR2E034 (9/96)