

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

FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **604555** (3)

1. Corporation Name
ANTHONY L. ELIA, INC.

Principal Place of Business

**7777 GLADES RD.,STE.211
BOCA RATON FL 33434**

Mailing Address

**7777 GLADES RD.,STE.211
BOCA RATON FL 33434**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/24/1973	
4. FEI Number 59-1479417	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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

2. Principal Place of Business 21 4691 N. UNIVERSITY DR. Suite, Apt. #, etc. 22 396 City & State 23 CORAL SPRINGS Zip 24 33067 Country 25 USA		2a. Mailing Address 26 4691 N. UNIVERSITY DR. Suite, Apt. #, etc. 27 396 City & State 28 CORAL SPRINGS Zip 29 33067 Country 30 USA	
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9. Name and Address of Current Registered Agent
**ELIA, ANTHONY L.
7777 GLADES RD.,STE.211
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

81 Name ELIA, ANTHONY L.
82 Street Address (P.O. Box Number is Not Acceptable) 4691 N. UNIVERSITY DR. Suite 396
83 City CORAL SPRINGS
84 State FL
85 Zip Code 33067

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 NAME STREET ADDRESS CITY - ST - ZIP	PSD ELIA, ANTHONY L 7777 GLADES RD.,STE.211 BOCA RATON FL ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	4691 N. UNIVERSITY DRIVE Suite 396 CORAL SPRINGS, FL. 33067 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

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

[Signature] 02/03/98 0024-3321

CR2E034 (10/97)