


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 #150

0573442

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90003 017 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 623701**

1. Corporation Name  
**ELM HOLDING CORPORATION**



Principal Place of Business <b>% MARJORIE WEBER 6644 WINDSOR LANEVE MIAMI BEACH FL 33141 US</b>	Mailing Address <b>% MARJORIE WEBER 6644 WINDSOR LANEVE MIAMI BEACH FL 33141 US</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>06/01/1979</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>04-2022003</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WEBER, MARJORIE J.  
6644 WINDSOR LANE  
MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 Marjorie J. Weber (NOTE: Registered Agent signature required when reinstating) DATE 1/11/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSEN, RUTH	
STREET ADDRESS	20355 NE 34TH CT.	
CITY-ST-ZIP	N MIAMI BCH., FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WEBER, MARJORIE	
STREET ADDRESS	6644 WINDSOR LN	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BADGER, ELLEN	
STREET ADDRESS	3406 WATERLILLY COURT APT 214	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	EGBERT, LINDA	
STREET ADDRESS	433 GUARD HILL RD	
CITY-ST-ZIP	BEDFORD NY	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<u>125 Monroe Drive</u>
3.4 CITY-ST-ZIP	<u>W. Palm Beach, FL 33405</u>
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: Quach H. Rosen 1/12/99 365 932-1373  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)