## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

28   Suite Apt #, etc.		1996		CORPORATIO	NS			
1250 NS STH VEXILE   1250 NE			987 (4)					
1240 NE 8TH AVENUE NORTH MAMI FL 33161   32. Date throughout Significant Market FL 33162   32. Date throughout Significant Market FL 33162   33. Date of Least Hegorit 17/26/1979   03/06/1995   03/06/1995   4   11   12   12   12   12   12   12	ELYO	OVERSEAS INC.						
1240 NE 8TH AVENUE NORTH MAMI FL 33161   32. Date throughout Significant Market FL 33162   32. Date throughout Significant Market FL 33162   33. Date of Least Hegorit 17/26/1979   03/06/1995   03/06/1995   4   11   12   12   12   12   12   12								
2. Proposit Place of Business	Principal Place of Business		Mailing Address	Mailing Address			! [56] B!#!! B!B!! B[5] #!#!	(0 0 10 14 <b>0 10 11 (0 11</b>
2. Principal Place of Business   2a. Maining Address   2a. Maining								
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Sure, Apt. 4, etc.   27   27   27   27   27   28   28   29   30   30   30   30   30   30   30   3	· • · · · · · · · · · · · · · · · · · ·		F : 1	F-1		4. FEI Number		Applied For
27		# etc		· · · · · ·		59-1964030		Not Applicable
City & State		., 00	F=-1			5. Certificate of Status Desired		
28	`	)	City & State			6. Election Campaign Financing		
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Fursion of Sections 607 CGC0 and 607 1506. Florids Statutes. The above of registered agent is provided to the provisions of Sections 607 CGC0 and 607 1506. Florids Statutes by the corporation of registered agent, or both, in this State of Florids Scoth crange was authorized by the corporation of registered agent, or both, in this State of Florids Scoth crange was authorized by the corporation of receives. Hereday accept the experiment on registered agent and the provision of predictions of sections 607 CGC0 and 607 1506. Florids Statutes. The above of receives in the state of Florids Scoth crange was authorized by the corporation of receives. Hereday accept the experiment on registered agent as SKNATURE.  12. OF FICE FIS AND DIRE CTORS  13. ADDITIONS/CHANGES 10 OF FICE FIS. AND DIRE CTORS 112.  14. This is the state of Florids Scoth crange was authorized by the corporation of receives. Hereday accept the experiment on registered agent as SKNATURE.  15. OF FICE FIS AND DIRE CTORS 12. ADDITIONS/CHANGES 10 OF FICE FIS. AND DIRE CTORS 12. ADDITIONS/CHANGES 10 OF FICE FIS. AND DIRE CTORS 12. ADDITIONS/CHANGES 10 OF FICE FIS. AND DIRE CTORS 12. ADDITIONS/CHANGES 10 OF FICE FIS. AND DIRE CTORS 12. ADDITIONS/CHANGES 10 OF FICE FIS. AND DIRE CTORS 12. ADDITIONS/CHANGES 10 OF FICE FIS. AND DIRE CTORS 12. ADDITIONS/CHANGES 10 OF FICE FIS. AND DIRE CTORS 12. ADDITIONS/CHANGES 10 OF FICE FIS. AND DIRE CTORS 12. ADDITIONS/CHANGES 10 OF FICE FIS. AND DIRE CTORS 12. ADDITIONS/CHANGES 10 OF FICE FIS. AND DIRE CTORS 12. ADDITIONS/CHANGES 10 OF FICE FIS. AND DIRE CTORS 12. ADDITIONS/CHANGES 10 OF FICE FIS. AND DIRE CTORS 12. ADDITIONS/CHANGES 10 OF FICE FIS. AND DIRE CTORS 12. ADDITIONS/CHANGES 10 OF FICE FIS. AND DIRE CTORS 12. ADDITIONS/CHANGES 10 OF FICE FIS. AND DIRE CTORS 12. ADDITIONS/CHANGES 10 OF FICE FIS. AND DIRE CTORS 12. ADDITIONS/CHANGES 10 OF FICE FIS. AND DIRE CTORS 12. ADDITIONS/CHANGES 10 OF FICE FIS. AND DIRE CTORS		Country	····	T			Adde	d to Fees
Name and Address of Current Registered Agent		F1	1	L				199.032,
MAHFOOD, JOAN C. 12540 N.E. 8TH AVE.   NORTH MIAMI FL 33161		9. Name and Address of C		100]				
12540 N.E. 8TH AVE.  NORTH MIAMI FL 33161  88  89  Cry  Cry  Cry  Cry  Cry  Cry  Cry  Cr				81	Name		· · · · · · · · · · · · · · · · · ·	
NORTH MIAMI FL 33161				82	Street Addre	ess (P.O. Box Number is Not Acceptab	ie)	
11.   Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above named conjugation submitted to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above named conjugation submitted to the purpose of changing its registered agent. I a registered agent, or both, in the State of Florida Schochange was authorized by the componitor's Loard of directors. Thereby accord the appointment as registered agent. I a familiar within and accord the obligations of Section 607,0505, Florida Statutes, the above named conjugation of directors. Thereby accord this exposinitional as registered agent. I a familiar within an according to the obligation of provide agent and the large Late.    12.				83			<u></u>	
TI. Pursuant to the provisions of Sections 607,0502 and 602,1508, florida Statutes, the above named corporation submits this statement for the purpose of or engigered agent, or both, in the State of Florida, Such change was authorized by the corporation's heard of directors. Thereby accept the exponimient is registered agent, 1 a state of the colors of provisions of publications	HOMIT	MILMIT FE 30 10 1						
11. Pressurant to the provisions of Sections 607.0502 and 697 1508, florida Statutes, the above named conjugation stainings this statement for the purpose of changing its registered again, in both, in the State of Florida, Such change was authorized by the corporation's leared of rirectors. I hereby accept the appointment is registered again, and accept the obligations of, Section 607.0505, florida Statutes.    SIGNATURE	·			1 1	•			•
SIGNATURE	<ol> <li>Pursuant to or registere</li> </ol>	o the provisions of Sections 607 ed agent, or both, in the State of	.0502 and 607.1508, Florida Statute f Florida, Such chappe was authorize	s, the above na	med corpora	ation submits this statement for the par	pose of changing its r	egistered office
Sprace in productions of registered uper dent the integrals   Point Forence in a place to production of or productions of registered uper dent the integral and in	familiar with	n, and accept the obligations of	, Section 607.0505, Florida Statutes.	od by the corpor	adon's poar	oron arectors. Thereby accept the appo	antment as registered	Jagent. Lam
12.		Signature, typed or printed name of registere	rd agent and little if applicable (1905)	E. Beaster a Ancol s	anti att att revisione	o han annot conf	tiat.	
NAME	12.		S AND DIRECTORS					PRS IN 12
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14. Edo hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indirected on this annual covered or purplemental annual				6.4 CITY - S1 - 2	MP L			

4. Fob hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). 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 office, 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 DASIGNING OFFICER OR DIRECTOR

March 25/96

893-5580 Dazine Phone B