

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 661691 (6)

1. Corporation Name

ELSEE INDUSTRIES, INC.



Principal Place of Business

16858 RIVER BIRCH CIRCLE
C/O ABNER LEVINE
DELRAY BEACH FL 33445

Mailing Address

16858 RIVER BIRCH CIRCLE
C/O ABNER LEVINE
DELRAY BEACH FL 33445

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

26

30

31

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/07/1980

3a. Date of Last Report

01/24/1995

4. FCI Number

13-1690449

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 s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

LEVINE, ABNER
16858 RIVER BIRCH CIRCLE
DELRAY BEACH, FL
33445

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LEVINE, LAWRENCE I
BUCK RT, BOX 350
HINTON, WV 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DT
LEVINE, MICHAEL F
RD3, BOX 3550
MIDDLESEX VT

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DS
MILLER, ELLEN K
5 WYETH CT
PLEASANTVILLE NY

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LEVINE, ABNER
16858 RIVER BIRCH CIR
DELRAY BCH, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
SD
LEVINE, MILDRED
16858 RIVER BIRCH CIR
DELRAY BCH, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1 NAME

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

☐ Change ☐ Addition

2 NAME

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change ☐ Addition

3 NAME

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

4 NAME

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

5 NAME

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

6 NAME

62 NAME

63 STREET ADDRESS

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)(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 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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96

498-1500

CR2E034 (12/95)