

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
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

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

**24**

**2a. Mailing Address**

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

9. Name and Address of Current 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 is required when changing)

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b>	<b>VD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>LEVINE, LAWRENCE I</b>		1.2 NAME	
<b>STREET ADDRESS</b>	<b>BUCK RT, BOX 350</b>		1.3 STREET ADDRESS	
<b>CITY-ST-ZIP</b>	<b>HINTON, WV 00000</b>		1.4 CITY-ST-ZIP	
<b>TITLE</b>	<b>DT</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>LEVINE, MICHAEL F</b>		2.2 NAME	
<b>STREET ADDRESS</b>	<b>RD3, BOX 3550</b>		2.3 STREET ADDRESS	
<b>CITY-ST-ZIP</b>	<b>MIDDLESEX VT</b>		2.4 CITY-ST-ZIP	
<b>TITLE</b>	<b>DS</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>MILLER, ELLEN K</b>		3.2 NAME	
<b>STREET ADDRESS</b>	<b>5 WYETH CT</b>		3.3 STREET ADDRESS	
<b>CITY-ST-ZIP</b>	<b>PLEASANTVILLE NY</b>		3.4 CITY-ST-ZIP	
<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>LEVINE, ABNER</b>		4.2 NAME	
<b>STREET ADDRESS</b>	<b>16858 RIVER BIRCH CIR</b>		4.3 STREET ADDRESS	
<b>CITY-ST-ZIP</b>	<b>DELRAY BCH, FL 33445</b>		4.4 CITY-ST-ZIP	
<b>TITLE</b>	<b>SD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>LEVINE, MILDRED</b>		5.2 NAME	
<b>STREET ADDRESS</b>	<b>16858 RIVER BIRCH CIR</b>		5.3 STREET ADDRESS	
<b>CITY-ST-ZIP</b>	<b>DELRAY BCH, FL 33445</b>		5.4 CITY-ST-ZIP	
<b>TITLE</b>		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>			6.2 NAME	
<b>STREET ADDRESS</b>			6.3 STREET ADDRESS	
<b>CITY-ST-ZIP</b>			6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96

498-1500

Daytime Phone #

CR2E034 (12/95)