

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

FILED

Jan 22, 1999 8:00am  
Secretary of State

01-22-1999 90026 044 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 661691

1. Corporation Name

ELSEE INDUSTRIES, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1980

4. FEI 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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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 signature required when reinstating).

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)