
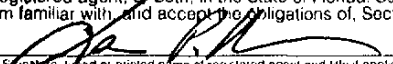


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 740726 1. Corporation Name The Ely Estates Tenant Organization Inc			
Principal Place of Business 1620 NW 6th Ave. Pompano Beach FL 33060		Mailing Address P O Box 1828 Pompano Beach FL 33060	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	11-8-1977	2-21-96
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2496036	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input checked="" type="checkbox"/> <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Country	Country		
25	30		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Varrie Bibb 1661 NW 7th Terrace Pompano Beach FL 33060		81 Name Lance P. Mirrer, CPA 82 Street Address (P.O. Box Number is Not Acceptable) 200 S. Pine Island Road 83 Suite 206 84 City Plantation	
		FL	85 Zip Code 33324
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.			
SIGNATURE		DATE	
 Signature, typed or printed name of registered agent and title if applicable		6-11-97 (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD Varrie Bibb <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP Loretta Robinson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1661 NW 7 Terrace	1.2 NAME	751 N.W. 15th Ct
STREET ADDRESS	Pompano Beach FL 33060	1.3 STREET ADDRESS	Pompano Beach, FL 33060
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD Willie Ruth Heath <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	561 NW 16 Pl	2.2 NAME	
STREET ADDRESS	Pompano Beach FL 33060	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD Annie Smith <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	541 NW 16 Ct.	3.2 NAME	
STREET ADDRESS	Pompano Beach FL 33060	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	AS Shirley A. Blue <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1641 NW 7 Ave	4.2 NAME	
STREET ADDRESS	Pompano Beach FL 33060	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I do 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.		400002225754 -06/30/97--01002--016 ***70.00	
SIGNATURE: Shirley Blue		Date: (954) 781-2819	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E037 (9/96)