


FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **758811** (4)

1. Corporation Name

**ETERNALLY ELVIS T.C.B. INC.**

Principal Place of Business

Mailing Address

**2251 NW 93RD AVENUE  
PEMBROKE PINES FL 33024**

**2251 NW 93RD AVENUE  
PEMBROKE PINES FL 33024-3139**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/17/1981</b>	3a. Date of Last Report <b>04/24/1996</b>
21		26		4. FEI Number <b>59-2125720</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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

**POALILLO, JUNE  
2251 NW 93 AVE.  
PEMBROKE PINES FL 33024**

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 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

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, JOE</b>	1.2 NAME	
STREET ADDRESS	<b>28925 KENTUCKY RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POALILLO, SANDY</b>	2.2 NAME	
STREET ADDRESS	<b>2251 NW 93RD AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POALILLO, JUNE</b>	3.2 NAME	
STREET ADDRESS	<b>2251 NW 93RD AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, JOYCE</b>	4.2 NAME	
STREET ADDRESS	<b>28925 KENTUCKY RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	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.

SIGNATURE: June Poalillo PEMBROKE PINES, FL 33024 4/25/97 (954) 431-6297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone ( ) -

CR2E037 (9/96)