

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 851072 (9)
1. Corporation Name
ELWILL ASSOCIATES, INC.



Principal Place of Business
319 MONROE DRIVE
WEST PALM BEACH FL 33405
US

Mailing Address
319 MONROE DRIVE
WEST PALM BEACH FL 33405
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/18/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 22-2409742	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

VEGOSEN, DEAN
500 S.AUSTRALIAN AVE.
W.PALM BCH. FL 33402

10. Name and Address of New Registered Agent

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	NAME	1.1 TITLE	1.2 NAME
NAME	1.3 STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME
CITY-ST-ZIP	2.3 STREET ADDRESS	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
NAME	3.3 STREET ADDRESS	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS	4.1 TITLE	4.1 TITLE	4.2 NAME
CITY-ST-ZIP	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
NAME	5.3 STREET ADDRESS	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS	6.1 TITLE	6.1 TITLE	6.2 NAME
CITY-ST-ZIP	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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 or 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 as an "attest" with an address.

SIGNATURE:

TIM SLATER

Handwritten signature and date: 5/8/98

CR2E034 (10/97)