

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F26669 (4)
1. Corporation Name
ELSCO, INC.



Principal Place of Business
**515 CARSWELL AVE
HOLLY HILL FL 32117
US**

Mailing Address
**P O BOX 350
DAYTONA BCH FL 32115
US**

| | | | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/23/1981 | | 3a. Date of Last Report 03/16/1995 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-2081330 | | 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

**POWELL, JOHN H
164 BERMUDA PETREL
DAYTONA BEACH FL 32019**

10. Name and Address of New Registered Agent

81 Name **BARBARA P. CAMERON**
82 Street Address (P.O. Box Number is Not Acceptable)
952 PELICAN BAY DR
83
84 City **DAYTONA Beach** FL 85 Zip Code **32119**

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: *Barbara P. Cameron*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE: **2/20/96**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|-------------------------------|
| TITLE | D | 1.1 TITLE | CEO |
| NAME | CAMERON, BARBARA P. | 1.2 NAME | CAMERON, BARBARA P |
| STREET ADDRESS | 952 PELICAN BAY | 1.3 STREET ADDRESS | 952 PELICAN BAY DR |
| CITY-ST-ZIP | DAYTONA BEACH FL | 1.4 CITY-ST-ZIP | DAYTONA BEACH FL 32119 |
| TITLE | PD | 2.1 TITLE | CORPORATE SECRETARY |
| NAME | POWELL, JOHN H | 2.2 NAME | CAMERON, JOSEPH W |
| STREET ADDRESS | 164 BERMUDA PETREL | 2.3 STREET ADDRESS | 952 PELICAN BAY DR |
| CITY-ST-ZIP | DAYTONA BCH. FL | 2.4 CITY-ST-ZIP | DAYTONA BEACH FL 32119 |
| TITLE | SD | 3.1 TITLE | |
| NAME | POWELL, GLADYS L | 3.2 NAME | |
| STREET ADDRESS | 164 BERMUDA PETREL | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DAYTONA BCH. FL | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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 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: *Barbara P. Cameron*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **2/20/96** DAYTIME PHONE: **904-253-4741-113**

CR2E034 (12/95)