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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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2. Principal Place of Business 2a, Malling Address 2e 4. FEL Nambor 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fonds Statutes 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fonds Statutes 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fonds Statutes 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fonds Statutes 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fonds Statutes 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fonds Statutes 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fonds Statutes, the above named corporation submits this statement for the purpose of charding his registered agent on both, in the State of Honds Sections 607.0502 and 607.1508, Fonds Statutes, the above named corporation submits this statement for the purpose of charding his registered agent on both, in the State of Honds Sections 607.0502 and 607.1508, Fonds Statutes, the above named corporation submits this statement for the purpose of charding his registered of professors of sections 607.0502 and 607.1508, Fonds Statutes, the above named corporation submits this statement for the purpose of charding his registered of professors in the State of Honds Sections 607.0502 and 607.1508, Fonds Statutes, the above named corporation submits this statement for the purpose of charding his registered of professors in the State of Honds Sections 607.0502 and 607.1508, Fonds Statutes, the statement for the purpose of charding his registered of professors in the State of Honds Sections 607.0502 and 607.1508, Fonds Statutes, the statement for the purpose of charding his registered of professors in the State of Ponds Sections 607.0502 and 607.1508, Fonds Statutes, the statement for the purpose of charding his registered of defectors. Honds Agove and the section of Ponds Sections 607.0502 and 607.1508, Fonds Statutes, the section of Ponds Sections 607.0502 and 607.1508, Fonds Statutes, the section of	ELLMAN AN	NEX	ELLMAN ANNEX	58-2261			Date incorporated or Qualified	3a. Date	of Last R	eporl
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Suite Apt. 4, etc. Suite A	2. Principal Pla	ace of Business	2a. Mailing Address				·· · - · · · · ·			Applied For
27			 				59-2226565			Not Applicable
City & State 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	' '	#, etc.	<u>├</u>				5. Certificate of Status Desired		+	
28							6. Election Campaign Financing	_		
20			28						Adde	d to Fees
9. Name and Address of Current Registered Agent CAPULLO, HARVEY J 2710 ELLMAN DRIVE ORLANDO FL 32804 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City		 1	· ·		untry		8. This corporation has liability to	r intangible ta	ax under s	199.032,
CAPULLO, HARVEY J 2710 ELIMAN DRIVE ORIANDO FL 32804 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 or cregistered agent, or both, in the State of Florida, Sichich change was authorised by the corporation's board of directors. Thereby accept the appointment as registered egent, and accept the appointment as registered egent. Far familiar with, and accept the obligations of Sections 07.0002, horizon familiar with, and accept the obligations of Section 07.0002, horizon familiar with, and accept the appointment as registered egent. Far familiar with, and accept the obligation of Section 07.0002, horizon familiar with a statement for the purpose of changing its registered of gent. Far familiar with a statement for the purpose of changing its registered of gent. Far familiar with a statement for the purpose of changing its registered of gent. Far familiar with a statement for the purpose of changing its registered of gent. Far familiar with a statement for the purpose of changing its registered of gent. Far familiar with a statement for the purpose of changing its registered of gent. Far familiar with a statement for the purpose of changing its registered of gent. Far familiar with a statement for the purpose of changing its registered of gent. Far familiar with a statement for the purpose of changing its registered of gent. Far familiar with a statement for the purpose of changing its registered of gent. Far familiar with a statement for the purpose of gent. Far familiar with a statement for the purpose of gent. Far familiar with a statement for the purpose of gent. Far familiar with a statement for the purpose of gent. Far familiar with a statement for the purpose of gent. Far familiar with a statement for the purpose of gent. Far familiar with a statem	24			30	γ.		1		Agert	
CAPULLO, HARVEY J 2710 ELLMAN DRIVE ORLANDO FL 3280M 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of parity as registered agent, or both, in the State of Rionda. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and so a section of Section 607.0502, Florida Statutes. The provision is board of directors. Thereby accept the appointment as registered agent, and so a section of Section 607.0503, Florida Statutes. SIGNATURE SUpplied by plead name of registered agent and size a section of Section 607.0503, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. OFFICERS AND DIRECTORS 13. TITLE 14. CITY ST. 2IP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. Change Addit CITY ST. 2IP 16. OFFICERS AND DIRECTORS IN 12 16. Change Addit CITY ST. 2IP 16. ORLANDO FL 32858-5261 16. CITY ST. 2IP 17. ORLANDO FL 32858-5261 17. CITY ST. 2IP 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIO		9. Name and Address of Co	urrent Registered Agent	······································	R1	Name	10. Name and Address of New	negistereo	Agent	
2710 ELLMAN DRVE ORLANDO FL 32804 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 registared 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 registared agent, or a complete the obligations of, Section 607.0502, Florida Statutes. SIGNATURE Signature Private Priv		<u> </u>								
B3						Street Add	ress (P.O. Box Number is Not Accept	able)		
## City ## Cit					83					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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 are railier with, and accept the obligations of, Section 607.0503, Florida Statutes. SIGNATURE SIGNATURE Signature, hyerid or printed name of registered agent and title 4 approximate and title 4 approximate approximate agent and title 4 approximate agent and	UHLAN	IUU FL 32804								
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 corregistered agent, or both, in the State of Florida. Such change was submits and stored of directors. Thereby accept the appointment as registered agent. I are familier with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Syndhim, fyried or pilled name of registered agent and this if applicable. ONOTE Plagelend Agent signature required when remaining. DATE					84	City		FI	85 Zij	p Code
DELETE		Signature, typed or printed name of registered	d agent and title if applicable	(NOTE: Registere	d Ager	nt signature requir				DC IN 10
Table CAPULLO, HARVEY 12 MANE 13 STREET ADDRESS P O BOX 585281 N/A 13 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32858-5261 14 CITY-ST-ZIP Change Additional content of the content		T			TITLE		ADDITIONS/CHANGES TO O			
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14. Ido 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 of 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 an an attachment with an address.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY - ST - ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS