

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G09334 (5)
1. Corporation Name
ELLISON ENTERPRISES, INC.



Principal Place of Business: **381 MILFORD POINT DRIVE MERRITT ISLAND FL 32952**
Mailing Address: **381 MILFORD POINT DRIVE MERRITT ISLAND FL 32952**

3. Date Incorporated or Qualified: **11/23/1982**
3a. Date of Last Report: **08/04/1995**
4. FEI Number: **59-2263556**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 2434 SW Summit ST**
2a. Mailing Address: **26 SAME**
22. Suite, Apt. #, etc.:
23. City & State: **Port St Lucie FL**
24. Zip: **34983**
25. Country: **USA**
29. Zip: **30**
30. Country:

9. Name and Address of Current Registered Agent
**ELLISON, CHARLES F.
381 MILFORD POINT DRIVE
MERRITT ISLAND FL 32952**

10. Name and Address of New Registered Agent
81. Name: **ELLISON, STEVEN CHARLES**
82. Street Address (P.O. Box Number is Not Acceptable): **2434 SW Summit ST**
83.
84. City & State: **Port St Lucie FL 85 34983**

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: DATE: **4-24-96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ELLISON, STEVEN CHARLES	
STREET ADDRESS	1140 NE WRIGHT AVE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ELLISON, CHARLES F	DO NOT DELETE
STREET ADDRESS	381 MILFORD POINT DR.	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	President
1.3 STREET ADDRESS	ELLISON STEVEN C.
1.4 CITY-ST-ZIP	2434 SW Summit ST
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Port St Lucie FL 34983
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 the statement with an address.

SIGNATURE: DATE: **4-24-96**

CR2E034 (12/95)