

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 # **G13708** (4)

1. Corporation Name

ELFMONT ASSOCIATES, INC.



Principal Place of Business

Mailing Address

IN CARE OF ELMONT
600 GRAPETREE DR., #4AN
KEY BISCAVNE FL 33149

IN CARE OF ELMONT
600 GRAPETREE DR., #4AN
KEY BISCAVNE FL 33149

21. Principal Place of Business
**550 N. MASHTA Drive
Key Biscayne Fla. 33149**
22. **550 N. Mashta Drive**
23. **Key Biscayne**
24. **33149**
25. **Fla**

2a. Mailing Address
**550 N. Mashta Drive
Key Biscayne, Fla.**
27. **Key Biscayne**
28. **Key Biscayne**
29. **33149**
30. **Fla**

3. Date Incorporated or Qualified **12/16/1982** 3a. Date of Last Report **06/23/1995**
4. FEENumber **59-2401902** Applied For Not Applicable
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

9. Name and Address of Current Registered Agent

**ELFMONT, ANDREW D.
600 GRAPETREE DR., #4AN
KEY BISCAVNE FL 33149**

10. Name and Address of New Registered Agent

81 Name **Andrew D. Elmont**
82 Street Address (P.O. Box Number is Not Acceptable) **550 N. MASHTA DRIVE**
83
84 City **Key Biscayne** FL 85 Zip Code **33149**

11. Pursuant to the provisions of Sections 607.0402 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE *Andrew Dale Elmont* **Andrew Dale Elmont** 1-29-96

12. OFFICERS AND DIRECTORS

1.1 TITLE	<input type="checkbox"/> DELETE
1.2 NAME	PDS
1.3 STREET ADDRESS	ELFMONT, ANDREW DALE
1.4 CITY-ST-ZIP	600 GRAPETREE DR., #4AN
1.5 TITLE	<input type="checkbox"/> DELETE
1.6 NAME	KEY BISCAVNE, FL 00000
1.7 STREET ADDRESS	<input type="checkbox"/> DELETE
1.8 CITY-ST-ZIP	<input type="checkbox"/> DELETE
1.9 NAME	<input type="checkbox"/> DELETE
1.10 STREET ADDRESS	<input type="checkbox"/> DELETE
1.11 CITY-ST-ZIP	<input type="checkbox"/> DELETE
1.12 NAME	<input type="checkbox"/> DELETE
1.13 STREET ADDRESS	<input type="checkbox"/> DELETE
1.14 CITY-ST-ZIP	<input type="checkbox"/> DELETE
1.15 NAME	<input type="checkbox"/> DELETE
1.16 STREET ADDRESS	<input type="checkbox"/> DELETE
1.17 CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	550 N. MASHTA DRIVE
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
2.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.6 NAME	
2.7 STREET ADDRESS	
2.8 CITY-ST-ZIP	
2.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.10 NAME	
2.11 STREET ADDRESS	
2.12 CITY-ST-ZIP	
2.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.14 NAME	
2.15 STREET ADDRESS	
2.16 CITY-ST-ZIP	
2.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.18 NAME	
2.19 STREET ADDRESS	
2.20 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, Change 1, or on an attachment with an address.

SIGNATURE: *Andrew Dale Elmont* **Andrew Dale Elmont**

1-29-96 308-446 0958

CR2E034 (12/95)