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Jan 29 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 # **G47746** (4)
1. Corporation Name
ELTONE MANUFACTURING, INC.

Principal Place of Business
**22650 SW 147TH AVENUE
GOULDS FL 33170**

Mailing Address
**22650 SW 147TH AVENUE
GOULDS FL 33170-6105
US**



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------------------|---------------------|---------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Zip |
| 24 | Country | 29 | Country |
| 25 | | 30 | |

| | |
|---|--|
| 3. Date Incorporated or Qualified 07/07/1983 | |
| 4. FEI Number 59-2317827 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**EJK, ANTHONY
22650 SW 147TH AVE.
GOULDS FL 33170**

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | P <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | EJK, ANTHONY | 1.2 NAME | BREWER, LORA D. |
| STREET ADDRESS | 22650 SW 147TH AVE | 1.3 STREET ADDRESS | 424 N.W. 19th Street |
| CITY-ST-ZIP | GOULDS, FL 00000 | 1.4 CITY-ST-ZIP | HOMESTEAD, FL 33030 |
| TITLE | T <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | EJK, KATHLEEN J | 2.2 NAME | EJK, MELANIE A. |
| STREET ADDRESS | 22650 SW 147TH AVE | 2.3 STREET ADDRESS | 22650 S.W. 147th Avenue |
| CITY-ST-ZIP | GOULDS, FL 00000 | 2.4 CITY-ST-ZIP | GOULDS, FL 33170-6105 |
| TITLE | V <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TOMKA, ELMER A | 3.2 NAME | |
| STREET ADDRESS | 9845 DOMINICAN DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CUTLER RIDGE, FL 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TOMKA, EVLEYN | 4.2 NAME | |
| STREET ADDRESS | 9845 DOMINICAN DR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CUTLER RIDGE, FL 00000 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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 *Lora D. Brewer* LORA D. BREWER 1/10/98 (305) 246-1633

CR2E034 (10/97)