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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H00005

(9)

ELEMENT ONE LTD., INC.

SIGNATURE:

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|---|---|---|---|-----------------------------|---|---------------------|--|---------------------------------------|---------------------------------------|---------------|----------------|
| Principal Place of Business Mailing Address | | | | | | | | i statien bin oomi oomi baist atiet a | IS WINDIN BENEFA A | | 01013 3081 |
| % ARNOLD GOLDNER | | | % ARNOLD GOLDNER | | | | | | | | |
| 2004 GRANT S | * ' | | 2004 GRANT STREET HOLLYWOOD FL 33020-3546 | | | | - | | | | |
| HOLLYWOOD FL 33020 | | | HOLLINGOD PE SONO-NOMO | | | | 3. Date Incorporated or Qualified | | | Report | |
| 2. Principal F | Place of Business | 26 | . Mailing Address | | | | 4. | FEI Number | | I A | pplied For |
| 21 | | | 26 | | | | | | | | ot Applicable |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | - | Certificate of Status Desired | | | Additional |
| 22 | | | 27 | | | | <u> </u> | Continuatio of Ojupus Desirou | | Fee F | equired |
| City & State | | | City & State | | | | 6. | Election Campaign Financing | press. | | May Be |
| 23 | | 28 | | 1 0- | | | | Trust Fund Contribution | | | to Fees |
| Zip | Country | ļ | - Ζιρ Ι | Cour | ntry | | 8. | This corporation has liability for | | | s. 199.032, |
| 24 | | 25 29 30 30 9. Name and Address of Current Registered Agent | | | Florida Statutes Yes No 10. Name and Address of New Registered Agent | | | | | | |
| 00 | | or carrent neg | stered Adeit | | 81 | Name | 10. | Hallia Bild Modrass of How L | ogister eo | vAour | |
| | ldner, arnold 4 grant street | | | | • | | | | | | |
| | LLYWOOD FL 33020 | | | [| 82 | Street Add | dress (P | O. Box Number is Not Accept | able) | | |
| noi | LL 1 11 OOD FL 33020 | | | } | 83 | | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | Į | | | | | | | |
| | | | | | 84 | City | | | FL | 65 Zip | Code |
| 11. Pursuani | t to the provisions of Section | is 607.0502 and | 607.1508, Florida Stati. | ites, the ab | OVE | -named co | rporatio | n submits this statement for the | purpose o | f changing | its registered |
| office or agent Ti | registered agent, or both, r am familiar with, and accep | n the State of Flo It the obligations | nda. Such change was of, Section 607.0505, F | lauthorizec Iorida Statt | ı by utes | rtrie corpora s. | ation's t | poard of directors. I hereby acc | epi ine api | pointment a | s registered |
| SIGNATURE | | · · | | | | | | | | | |
| SIGNATORE | Signature, typed or printed name of | | · ····· | | Age | int signature requ | | | DATE | | |
| 12. | OFFICERS AND DIRECTORS | | | 13. | | · | | ADDITIONS/CHANGES TO OFF | ICERS AN | | |
| THTLE | DP ADMICE ADMICED | | DELETE | 1.1 TIT | | | | | | L. Change | Addition |
| NAME | GOLDNER, ARNOLD | • | | 1.2 NA | | | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | | |
| CITY - S1 - ZIP | HOLLYWOOD FL | | | | 1.4 CITY-ST-ZIP | | | <u> </u> | | Change | Addition |
| TITLE | TIECED MAYED | | _ | | 21 TITLE | | | | | L Change | ACCILION [|
| NAMÉ | ZIEFER, MAYER 2004 GRANT STREET | | | 22 NA | | | | | | | |
| STREET ADDRESS | HOLLYWOOD FL | | | | | ADDRESS | | | | | |
| CITY - S1 - ZiP | S | | DELETE | | | ST-ZIP | | | | Change | Addition |
| TITLE NAME | GAYER, MARTIN | | E Deceit | 3 1 TIT 3.2 NA | | 1 | | | | Simile | - House |
| STREET ADDRESS | DOME OPART OFFICE | • | | 1 | | ADDRESS | | | | | |
| CITY -ST - ZIP | HOLLYWOOD FL | | | | 3.4. CITY-ST-ZIP | | | | | | |
| TITLE | | | | | | 4.1 TITLE | | · · · · · · · · · · · · · · · · · · · | | Change | Addition |
| NAME | GOLDNER, ROBERT | | | 4, 2 N/ | | | | | | | |
| STREET ADDRESS | OCCA ODART CTDCCT | • | | | | ADDRESS | | | | | |
| CITY-S1-ZIP | HOLLYWOOD FL | | | | I.4 CITY - ST - ZIP | | | | | | |
| TITLE | ☐ DELETE | | | 5.1 TITLE | | | | | Change | Addition | |
| NAME | | | | 5.2 NA | | | | | | - | |
| STREET ADURESS | . | | | | | ADDRESS | | | | | |
| CITY-ST-2IF | | | | 5.4 CIT | | 1 | | | | | ļ |
| TITLE | | | DELETE | 6.1 TIT | | | | · · · · · · · · · · · · · · · · · · · | | ☐ Change | Addition |
| NAME | | | | 6.2 NA | | | | • | | | Ì |
| STREET ADORESS | | | | | | ADDRESS | | | | | |
| | 1 | | | 1 0.00 | | | | | | | |

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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.

or on an attachment with an address.