FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1997 DIVISION OF CO			CORPOR		NS	Secretary of State			
	MENT # H	21500	(4)							
J. E. ELI	LIO, JN-, ING-							HOLL GIOTH BEAM BLOW BLOW	10111	
Principal Plac	e of Business	Maili	ng Address				<u>- 17718 018 1000 4001 718 0034 004</u>			
329 SHADOW BAY BLYD N LONGWOOD FL 32779			329 SHADOW BAY BLVD N LONGWOOD FL 32779-4886							
							3. Date Incorporated or Qualified 09/18/1984	3a, Date of Last R 04/25/1996	eport	
— · ·	lace of Business	} - 1	failing Address				4. FEI Number	}— 	oplied For	
Suite, Apt	# etc	26	uite, Apt. #, etc.	*****			59-2453741	<u> </u>	Additional	
22]	, 0.0	27	Site Figure Figur				5. Certificate of Status Desired		equired	
City & Stat		28	ity & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Ζφ 24]	25 Coun	try Z 29 ress of Current Register	ip	30	ntry		This corporation has liability for in Florida Statutes Name and Address of New Re	Yes No	. 199.032,	
E111		less of Corrent Register	eo wgent		81	Name	IV. Name and Address of New No.	Jistered Agent		
ELLIS, JAMES, E, JR 329 SHADOW BAY BLVD N					82	Street Ad	dress (P.O. Box Number is Not Acceptab	ارما (ما		
LONGWOOD FL 32779						Siree; Ad	Address (F.O. Dox Nulliber is Not Acceptable)			
					83					
					84	City		pm, 85 Zip	Code	
11. Pursuant	to the provisions of Se	ctions 607 0502 and 607	1508 Florida Statut	es the al	DOVE	-named co	repretion submits this statement for the p	FL Day 219	ts registered	
office or r	registered agent, or bo	th, in the State of Florida	Such change was	authorize	d by	the corpor	rporation submits this statement for the p ation's board of directors. I hereby accep	t the appointment as	registered	
SIGNATURE		out of the same of								
·		nie of registered agent and tille if a			Ager	ni signature req	uired when reinstating)	DATE		
12.	PD	OFFICERS AND DIRECT	DELETE	1.1 11	ti E		ADDITIONS/CHANGES TO OFFIC	Change	Addition	
NAME	ELLIS, JAMES ED	WARN JR	LJ beere	1.2 N/		}		Change		
STREET ADDRESS	329 SHADOW BA					ADDRESS .				
CHTY - ST - ZIP	LONGWOOD FL	, 0210 11		1.4 Ci		- 1			Ì	
TITLE			DELETE	2.1 TI	TLE			☐ Change	☐ Addition	
NAME				2.2 N/	ME					
STHEF! ADDRESS				2.3 51	REET	ADDRESS			,	
CHTY-ST-ZIP			DELETE	2.4 C		T-ZIP		[] Change	Addition	
TITLE			L. J DELETE	3.1 Tr		ļ		Change	LI AGGIGON	
NAME STREET ADDRESS				3.2 N/		ADDRESS			ļ	
CITY - ST - ZIP				3.4. C		1			l	
TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 11				☐ Change	Addition	
NAME				4.2 N	AME	1			1	
STREET ADDRESS				4.3 ST	REET	address				
CHTY - ST - ZHP			I DELEVE	4.4 Ci		-ZiP		T ALCOHOL		
TILLE	}		☐ DELETE	5.1 (1)		- 1		Change	Addition	
NAME BANKES AGRICUSE				5.2 N/		ADDOCCO				
STREET ADDRESS						ADDRESS			ļ	
CHY-ST-78*			DELETE	5.4 CI		- 411-		Change	Addition	
NAME				6.2 N]				
STREET ADDRESS						ADDRESS				

14. I do 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 18 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

407,-774-0056

FILED

May 07 1997 8:00am