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FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90227 050 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **H54646**

1. Corporation Name
ELNAR MANAGEMENT INCORPORATION, INC.



Principal Place of Business
3300 S. OCEAN BLVD. #101S
P.O. BOX 2967
PALM BEACH FL 33480

Mailing Address
3300 S. OCEAN BLVD. #101S
P.O. BOX 2967
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #., etc.

26 Suite, Apt. #., etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

04/29/1985

4. FEI Number

59-2538763

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

RADLAUER, PHILIP
3300 S. OCEAN BLVD
PALM BEACH FL 33480

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent if not applicable

NGR - Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS DELETE

TITLE **PD**
 NAME **RADLAUER, PHILIP**
 STREET ADDRESS **3300 S. OCEAN BLVD**
 CITY-ST-ZIP **PALM BEACH FL**

TITLE **SD**
 NAME **LEVEY, SPENCER**
 STREET ADDRESS **2860 S. OCEAN BLVD.**
 CITY-ST-ZIP **PALM BEACH FL**

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP Change Addition

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP Change Addition

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP Change Addition

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP Change Addition

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP Change Addition

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/99
 Date

561-582-0145
 Daytime Phone #

CR2E034 (11/98)