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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J28949

(2)

1. Corporation Name
ELS, INC.



Principal Place of Business

% MITCHELL MARTIN
2622 NW 43 ST. S-B4
GAINESVILLE FL 32606-7428
US

Mailing Address

% MITCHELL MARTIN
2622 NW 43 ST. S-B4
GAINESVILLE FL 32606-7428
US

3. Date Incorporated or Qualified

08/11/1986

3a. Date of Last Report

01/25/1996

4. FEI Number

59-2711903

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 6215 NW 57th Way

22 Suite, Apt. #, etc.

23 City & State

Gainesville, FL

24 Zip 32653

Country: USA

2a. Mailing Address

26 5200 NW 43rd Street

27 Suite, Apt. #, etc.

102-323

28 City & State

Gainesville, FL

29 Zip 32606

Country: USA

9. Name and Address of Current Registered Agent

MARTIN, MITCHELL
2622 NW 43 ST
S-B4
GAINESVILLE, 32606

10. Name and Address of New Registered Agent

81 Name Mitchell Martin
82 Street Address (P.O. Box Number is Not Acceptable)
5200 NW 43rd Street
83 Suite 102-323
84 City Gainesville FL 85 Zip Code 32606

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

Mitchell Martin, President + CEO Mitchell B. Martin

1/29/97

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MARTIN, MITCHELL	
STREET ADDRESS	6215 NW 57TH WAY	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MARTIN, MARSHA	
STREET ADDRESS	6215 NW 57TH WAY	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLKING, WILLIAM	
STREET ADDRESS	5153 SW 88TH TERRACE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOORLAND, MARK	
STREET ADDRESS	241 INTREPID CT	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREEMAN, HOWARD	
STREET ADDRESS	2810 NW 31ST TERR.	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOK, JASON	
STREET ADDRESS	612 NW 101ST ST	
CITY - ST - ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Christian, Lawrence	
13 STREET ADDRESS	5716 NW 62nd Court	
14 CITY - ST - ZIP	Gainesville, FL 32653	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Chin, Rick	
23 STREET ADDRESS	PO Box 4100	
24 CITY - ST - ZIP	Gainesville, FL 32613	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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 13 if changed, or on an attachment with an address.

SIGNATURE: Mitchell B. Martin Mitchell B. Martin 1/29/97 (352) 375-0558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)