

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J63632

(0)

1. Corporation Name

ETLOMA INC.



Principal Place of Business

3044 S MILITARY TRAIL
SUITE A
LAKE WORTH FL 33463

Mailing Address

3044 S MILITARY TRAIL
SUITE A
LAKE WORTH FL 33463

3. Date Incorporated or Qualified

03/20/1987

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2814736

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ETTMAN, JON
1823 ANTIGUA RD
LAKE SHORES FL 33406

81 Name

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

83

84 City

FL

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

(Signature must be of duly authorized registered agent and not applicable)

(NOTE: Registered Agent signature required when reinstating)

1/23/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME ETTMAN, JON
STREET ADDRESS 1823 ANTIGUA RD
CITY-STATE-ZIP LAKECLARKE SHORES FL

TITLE ☐ DELETE

V
NAME LONDONO, FRANCISCO
STREET ADDRESS 2963 BOLTON CT
CITY-STATE-ZIP W PALM BCH FL

TITLE ☐ DELETE

T
NAME ETTMAN, LAURA
STREET ADDRESS 1823 ANTIGUA RD.
CITY-STATE-ZIP LAKECLARKE SHORES FL

TITLE ☐ DELETE

S
NAME MAYO, CLEMENTE
STREET ADDRESS 2579 WESTEND RD
CITY-STATE-ZIP W PALM BCH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

JON ETTMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

407 9671425
Daytime Phone #

CR2E034 (12/95)