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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # J88196 (7)
ELOPIDA RETIREMENT INSURANCE SERVICES INC.

Principai Place of Business Mailing Address * DONALD E. JEFFERSON 1428 ALEGRIANO AVE CORAL GABLES FL 33146 ** CORAL GABLES FL 33146			602	3. Date Incorporated or Qualified	3a. Date of Last Report
				08/18/1987	04/16/1996
·	lace of Business TIR INS SERV	26. Mailing Address 26. FL RETIR II Suite, Apt. #, etc.	NS SERV	4, FEI Number 65-0034840	Applied For Not Applicable
h	k Hill Way	27 14 Oak H:11	l Way	Certificate of Status Desired B. Election Campaign Financing	\$8.75 Additional Fee Required \$5.00 May Be
23 Stuar		28 Stuart, FL	18.35	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
24 34996	25] 9, Name and Address of Curr	29 3 4 9 9 6 3 rent Registered Agent	30	10, Name and Address of New Re	
1426 COF	FERSON, DONALD E. 3 ALEGRIANO AVE 1AL GABLES FL 33146 to the provisions of Sections 607.0 epistered agent, or both, in the Ste	1502 and 607 1508, Florida Statutes ate of Florida, Such change was au	82 Street A 14 (83 City Stus	ald E. Jefferson Address (P.O. Box Number is Not Accepta Oak Hill Way art corporation submits this statement for the poration's board of directors. I hereby acce	FL 85 Zip Code 34996
SIGNATURE	m temphar with, and accept the ob-	Muso	ida Statutes. Registered Agent signature		1/05/87 DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
NAME STREET ADDRESS CREY-SE-769	JEFFERSON, DONALD E. 1428 ALEGRIANO AVE CORAL GABLES FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P Donald E. Jefferso 14 Oak Hill Way Stuert El 34996	्रिये Change 🗀 Addition
Till(£		☐ DELETE	2.1 TITLE	Stuart, FL 34996	Change Addition
NAME STREET ADDRESS CITY+SI-7IP			2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	· is	
TITUE NAME		DELETE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-S*-ZIP Tituf		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME STREET ADDRESS CHY-ST-Z P			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
THELE SAME SPACE THE SERVICE		□ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CHY-S1-ZIP TOLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition

6.2 NAME 6.3 STREET ADDRESS

6.4 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

SIGNATURE:

NAME

STREET ADDRESS

FILED

Apr 09 1997 8:00am

Secretary of State