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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

**ELITE TENT COMPANY** 

	FILED
Jan 21	1998 8:00am
Secre	etary of State



Principal Place of Business Mailing Address					r (40/1160 4110 spiso siili 410ib polii fo	EI DIRII DID	fi minii minii ni	IN BIBIT 1881		
C/O SUSAN CSUZDI 2375 S.W. 58TH AVE. HOLLYWOOD FL 33023  C/O SUSAN CSUZDI 107 HARVARD RD. HOLLYWOOD FL 33023		RD.	DO NOT WRITE IN THIS S			SPACE				
US						3. Date Incorporated or Qualified 09/17/1987				
2. Principal P	lace of Business	2a, Mailing Add	iress			4. FEI Number		IAI	pplied For	
21		26	<del></del>			65-0008305			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75		
22		27	27			5. Certificate of Status Desired		Fee Ro	equired	
City & State	9	City & State	City & State			6. Election Campaign Financing	_	\$5.00	May Be	
23		28	+			Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	Cou			8. This corporation owes or has paid the current year Intang			_ ~ _	
24	25	29 of Current Registered Agent	30			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent				
CS	SUZDI, SUSAN	Of Carrent Neglistered Agent		81 N	Name	ly, Haine and Address of New No	Ristolen	<u>våeur</u>		
107 HARVARD RD.										
-	DLLYWOOD FL 33023			<b>62</b> S	Street Addres	ess (P.O. Box Number is Not Acceptable)				
				83						
				B4 (	Dity	, , , , , , , , , , , , , , , , , , ,	FL	85 Zip (	Code	
11. Pursuant	to the provisions of Section	ns 607.0502 and 607.1508, Flo	ida Statutes, the ab	ove-n	amed corpor	ration submits this statement for the p	urpose o	f changing it	ts registered	
office or r agent. I a	egistered agent, or both, ir m f <b>a</b> miliar with, an <b>d a</b> ccep	n the State of Florida. Such cha t the obligations of, Section 60:	inge was authorized 7.05 <b>05</b> , Florida Stati	l by th Jtes.	ie corporation	n's board of directors. I hereby accer	of the app	ointment as	registered	
SIGNATURE										
Signature, typed or printed name of registered agent and little if applicable (NOTE Register			(NOIL Registered	Agent s	ignature required		DATE			
12.	ST	ICERS AND DIRECTORS	13. Delete 1.1 titi		<del></del>	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR  Change	RS IN 12 Addition	
NAME	CSUZDI, SUSAN		1.2 NA					☐ Change	KOULION	
STREET ADDRESS	407 HADMADD OD			1.3 STREET ADDRESS						
CITY-\$T-ZIP	HOLLYWOOD FL			Y-ST-ZI						
TITLE	P	DELETE 2.1			"			Change	Addition	
NAME	CSUZDI, DAVID		2.2 NAI	ME						
STREET ADDRESS	107 HARVARD RD.		2.3 STF	REET ADD	DRESS					
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CIT	Y-ST-Z	ZIP	•				
TITLE			DELETE 3.1 TITI	LÉ				Change	Addition	
NAME			3.2 NAI	ΜE						
STREET ADDRESS			3.3 STF	EFT ADD	DRESS					
CITY-\$T-ZIP		· · · · · · · · · · · · · · · · · · ·		Y-S1-7	7IP					
TITLE			DELETE 4.1 THT	.E				☐ Change	☐ Addition	
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 STA	EET ADD	DRESS					
CITY-ST-ZIP	·			Y-ST-7	IP			<u></u>		
TITLE			DELETÉ 5.1 TITI					Change	Addition	
NAME			5.2 NAI						}	
STREET ADDRESS				EET ADD						
CITY-ST-ZIP	<del></del>		E) 676	Y - ST - ZI	IP .			Change	Addition	
TITLE		Ü						∐ Change		
NAME			6.2 NAN		DEE00					
STREET ADDRESS				EET ADD	į į					
CITY-ST-ZIP			6.4 CIT	Y - S1 - ZI	IP I					

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 attackment with an address.