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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # K80448

(9)

ELRO ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED Apr 28 1997 8:00am Secretary of State



1531 ARDEN 8 LONGWOOD F		1531 ARDEN STREET LONGWOOD FL 32750-6270			
				3. Date Incorporated or Qualified 04/14/1989	3a. Date of Last Report 07/15/1996
2. Principal Pl	Seminola Blvd.	2a. Mailing Address	inola Blvd.	4. FEI Number 59-2951286	Applied For
Sulte, Apt.	#, etc.	26	MINION OING		Not Applicable \$8.75 Additional
22 100		27 /00		5. Certificate of Status Desired	Fee Required
City & State	lherry FL.	28 Cosselberr	u El.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip 22767	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
24 327	9. Name and Address of Current	29 <i>OZ O </i> 30	D.S.A	Florida Statutes Name and Address of New Reg	Yes No
RODRIGUEZ, ELIAS 1531 ARDEN STREET			81 Name		3
			82 Street Addre	ess (P.O. Box Number is Not Acceptab	le)
LONGWOOD FL 32750			83		
					· · · · · · · · · · · · · · · · · · ·
			84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this 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, typod or printed name of registered agent and little of applicable (NOTE Registered Agent signature required when reinstally). DATE DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE NAME	DP Rodriguez, Elias	☐] DELETE	1 1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	490 NORTH STREET, #132		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32750		1.4 CiTY-ST-ZiP		
TITLE	· · · · · ·	☐ DELETE	2 1 117LF		☐ Change ☐ Addition
NAME OVOCET ADDRESS			2.2 NAME		
STREET ADORESS CITY-ST-ZIP			2 3 STREET ADDRESS 2 4 City-S1-7ip		
TITLE		DELETE	3171111		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T 6000	3.4 CHY-S1-ZIP		
TITLE NAME		L DELETE	4.1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6 1 TITLE		Change Addition
NAME		- P.	6 2 NAME		
STREET ADDRESS			G.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 C(1) Y - \$1 - 2(P		
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 eath; 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 Fock 13 it changed, or on an attachment with an address.					