

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K95793** (1)

1. Corporation Name
ELEAZER ASSOCIATES, INC.



Principal Place of Business: % JILL ELEAZER SOKOL, 800 2ND AVENUE SOUTH, STE. #320, ST PETERSBURG FL 33701
Mailing Address: % JILL ELEAZER SOKOL, 800 2ND AVENUE SOUTH, STE. #320, ST PETERSBURG FL 33701

3. Date Incorporated or Qualified: **06/15/1989**
3a. Date of Last Report: **02/27/1995**
4. FEI Number: **59-2953593**
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

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOKOL, JILL ELEAZER
800 2 AVE S
ST PETERSBURG FL 33701

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 607.0500 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: SOKOL, JILL ELEAZER STREET ADDRESS: 800 2 AVE S #320 CITY, ST, ZIP: ST PETERSBURG FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T	NAME: SOKOL, JOHN E. STREET ADDRESS: 1309 47 AVE NE CITY, ST, ZIP: ST. PETERSBURG FL	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: EVPS	NAME: HARRIS, BEVERLEE STREET ADDRESS: 12000 CAPRI CIRCLE SOUTH #11 CITY, ST, ZIP: TREASURE ISLAND FL	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP	NAME: CANERDAY, CHARLES STREET ADDRESS: 800 2 AVE S #320 CITY, ST, ZIP: ST. PETERSBURG FL	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] DELETE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] DELETE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 a 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 attached sheet with an address.

SIGNATURE: *Jill Eleazer Sokol* JILL ELEAZER SOKOL 2-5-96 813 895 5455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day(s) of the month

CR2E034 (12/95)