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Mar 24 1997 8:00am
Secretary of State



PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33701-4013



2. Principal Place of Business

21 *ABOVE*
State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 *ABOVE*
State, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified
06/15/1989

3a. Date of Last Report
02/28/1996

4. FEI Number
59-2953593

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

SOKOL, JILL ELEAZER
800 2 AVE S #320
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

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

ADD: SUITE #320

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SOKOL, JILL ELEAZER
STREET ADDRESS 800 2 AVE S #320
CITY-STATE-ZIP ST PETERSBURG FL

TITLE T
NAME SOKOL, JOHN E.
STREET ADDRESS 1309 47 AVE NE
CITY-STATE-ZIP ST. PETERSBURG FL

TITLE EVPS
NAME HARRIS, BEVERLEE
STREET ADDRESS 12000 CAPRI CIRCLE SOUTH #11
CITY-STATE-ZIP TREASURE ISLAND FL

TITLE VP
NAME CANERDAY, CHARLES
STREET ADDRESS 800 2 AVE S #320
CITY-STATE-ZIP ST. PETERSBURG FL

TITLE YP
NAME JANINE CLEVELAND
STREET ADDRESS 1010 S. ROME AVE
CITY-STATE-ZIP TAMPA FL 33606

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

V.P.
JANINE CLEVELAND
1010 S. ROME AVE
TAMPA FL 33606

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-97 8138955455

Date

Daytime Phone #

0372413

CR2E034 (9/96)