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

**PROFIT CORPORATION ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L01996

ELTA INC

STREET ADDRESS

LLIA, III	10.						_	
	•							
Principal Plac	ce of Business	Mailing Address			-		DIDIN DIDIN BIDIN	01311 01011 1361
10101 COLLINS		10101 COLLINS AVENUE						
#11F .	3 AVENUE	#11F						
BAL HARBOR FL 33154 BAL HARBOR FL 33154				DO NOT WRITE IN THIS SPACE				
US US					3. Date incorporated or Qua	alifed		
					07/14/1989			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Ar	oplied For
21 5	9 MP	26 S 9 9 1			65-0156457		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5, Certifcate of Status Desir		\$8.75	Additional
22		27			5, Certificate of Status Desir	eu Læ	Fee Re	equired
City & Stat	te	City & State			6. Election Campaign Finar	icing	\$5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the	e current year Ir	ntangible	. ,
24	25		30		Personal Property Tax.		Yes	Ď¥Ño
	9. Name and Address of Curren	nt Registered Agent	<del>-  </del>		10. Name and Address of I	lew Registered	l Agent	
TAC	WED DEDIA		81	Name				
	HER, PERLA		82	Street Addre	ss (P.O. Box Number is Not Ad	cceptable)	<del></del>	
	01 COLLINS AVENUE							<u> </u>
#11			83			\$ 8 8 8		
BAL	HARBOR FL 33154		84	City	1, 11		85 Zip (	Codo
			04	City		FI	_   65   210 1	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-r	named corpo	ration submits this statement for	or the purpose of	f changing its	registered
office or r	registered agent, or both, in the State	of Florida, Such change was au	ithorized by th	ia cornoration	's board of directors. I hereby	accept the appo	xintment as re	egistered
(N agent Fa	m familiar with and accept the obliga-	tions of Section 607.0505. Flori	ida Statutes.	ia obipolatioi	13 board of directors. I ficroby			•
AA agent, Fa	im familiar with, and accept the obliga	tions of Section 607.0505, Flori	ida Statutes.	O O			~	
## agent. Fa	im familiar with and accept the obligation of registered ager	tions of Section 607.0505, Flori	ida Statutes. Registered Agent s	-ev		w - 6 - 1	~	
## agent. Fa	am familiar with) and accept the obligations of the obligation of	tions of Section 607.0505, Flori	ida Statutes.	-ev		W - 6 - 1	98	
SIGNATURE	am familiar with, and accept the obligation of t	tions of, Section 607.0505, Flori Level Pey L nt and title if applicable. (NOTE:	ida Statutes. Registered Agent s	-ev	when reinstating)	W - 6 - 1	98	
SIGNATURE	am familiar with) and accept the obligations of the obligation of	tions of, Section 607.0505, Flori Ant and title II applicable. (NOTE: ID DIRECTORS	Registered Agent s	-ev	when reinstating)	W - 6 - 1	7 E	DRS IN 12
SIGNATURE  12. TITLE	am familiar with) and accept the obligation of t	nt and title if applicable. (NOTE:	Registered Agent s  13. 1.1 TITLE	signature required	when reinstating)	W - 6 - 1	7 E	DRS IN 12
SIGNATURE  12.  TITLE  NAME	om familiar with and accept the obligation of registered ager OFFICERS AN PT TACHER, PERLA	nt and title if applicable. (NOTE:	Registered Agent s  13. 1.1 TITLE 1.2 NAME	ignature required	when reinstating)	W - 6 - 1	7 E	DRS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	or familiar with and accept the obligation of th	nt and title if applicable. (NOTE:	Registered Agent s  13.  1.1 TITLE  1.2 NAME  1.3 STREET AGENT AGE	ignature required	when reinstating)	W - 6 - 1	7 E	DRS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	of FICERS AN PT TACHER, PERLA 10101 COLLINS AVENUE, #111 BAL HARBOR FL 33154	nt and title if applicable.  (NOTE: DELETE	Registered Agent s  13. 1.1 TITLE 1.2 NAME 1.3 STREET AL 1.4 CITY-ST-Z	ignature required	when reinstating)	W - 6 - 1	7 €  ND DIRECTO  □ Change	DRS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	of Ficers and Tacher, typed or printed name of registered ager OFFICERS AN PT TACHER, PERLA 10101 COLLINS AVENUE, #111 BAL HARBOR FL 33154 VPS TACHER, SARA	tions of, Section 607.0505, Florint and tide if applicable.  (NOTE: ID DIRECTORS DELETE	Registered Agent s  13. 1.1 TITLE 1.2 NAME 1.3 STREET AI 1.4 CITY-ST-Z 2.1 TITLE 2.2 NAME	DORESS	when reinstating)	W - 6 - 1	7 €  ND DIRECTO  □ Change	DRS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PT TACHER, PERLA 10101 COLLINS AVENUE, #111 BAL HARBOR FL 33154 VPS TACHER, SARA 10101 COLLINS AVENUE, #111	tions of, Section 607.0505, Florint and tide if applicable.  (NOTE: ID DIRECTORS DELETE	Registered Agent s  13. 1.1 TITLE 1.2 NAME 1.3 STREET AI 1.4 CITY-ST-2 2.1 TITLE 2.2 NAME 2.3 STREET AI	DORESS DDRESS	when reinstating)	W - 6 - 1	7 €  ND DIRECTO  □ Change	DRS IN 12
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PT TACHER, PERLA 10101 COLLINS AVENUE, #111 BAL HARBOR FL 33154 VPS TACHER, SARA 10101 COLLINS AVENUE, #111 BAL HARBOR FL 33154 D TACHER, DAVID	tions of, Section 607.0505, Florint and tide if applicable.  (NOTE: ID DIRECTORS DELETE    DELETE   DELETE	Registered Agent s  13. 1.1 TITLE 12 NAME 1.3 STREET AI 1.4 CITY-ST-2 2.1 TITLE 22 NAME 2.3 STREET AI 2.4 CITY-ST-3 3.1 TITLE 3.2 NAME	DORESS ZIP DORESS	when reinstating)	W - 6 - 1	ND DIRECTO	DRS IN 12 Addition
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME	PT TACHER, PERLA 10101 COLLINS AVENUE, #111 BAL HARBOR FL 33154 VPS TACHER, SARA 10101 COLLINS AVENUE, #111 BAL HARBOR FL 33154 D TACHER, DAVID 10101 COLLINS AVENUE, #111 BAL HARBOR FL 33154	tions of, Section 607.0505, Flori nt and tide if applicable. (NOTE: NO DIRECTORS  DELETE  F  DELETE  F  DELETE	Registered Agent s  13. 1.1 TITLE 12 NAME 1.3 STREET AI 1.4 CITY-ST-Z 2.1 TITLE 22 NAME 23 STREET AI 2.4 CITY-ST-J 3.1 TITLE 3.2 NAME 3.3 STREET AI 4.1 TITLE 4.2 NAME 4.3 STREET AI 4.4 CITY-ST-Z 5.1 TITLE 5.2 NAME	DORESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP DORESS	when reinstating)	W - 6 - 1	ND DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition

**FILED** Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90021 006 \*\*\*158.75

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 attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CR2E034 (11/98)