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

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90030 015 ***150.00

ELITE TE	ELECOM, INC.					 				
	·									
Principal Place	e of Business	Mailing Address								
% JOEL HORWI	ITZ	% JOEL HORWITZ								
20423 ST RD 7. STE 6103		20423 ST RD 7. STE 6103			DO NOT WRITE IN THIS SPACE					
BOCA RATON FL 33498		BOCA RATON FL 33498				3. Date Incorporated or Qualifed				
	,					08/01/1989				
2 Principal Pl	lace of Rusiness	2a. Mailing Address	_			4. FEI Number	-	Ap	plied For	
2. Principal Place of Business		26			65-0138327		No	t Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 /	Additional		
22		27			5. Certifcate of Status Desired		Fee Re	quired	نعت	
City & State	8	City & State			-	6. Election Campaign Financing		\$5.00	May Be	
23		28	_		_	Trust Fund Contribution	<u> </u>	Added t	o Fees	
Zip	Country	Zip	Coun	ntry		g. This corporation owes the curr	ent year Inta		T72v.	
24 .	25		30			Personal Property Tax.		Yes	∑ ÎNo	
	9. Name and Address of Current	Registered Agent		<u> </u>		10. Name and Address of New F	egistered /	Agent	_	
105	LIONATT		Į,	81 1	Name					
	L HORWITZ			82 5	Street Addre	ess (P.O. Box Number is Not Accepta	ıble)			
	57 STATE ROAD 7, STE 209].							
	E 245			83						
BOC	A RATON FL 33428		F	84 (City			85 Zip (Code	ì
							<u>FL</u>			
	<u>`</u>			!_						
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es, the ab uthorized	ove-n	amed corpo	oration submits this statement for the	purpose of t the appoin	changing its ntment as re	gistered	
11. Pursuant office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statut of Florida. Suph change was a lons of, Sergion 607.0505, Flo	es, the ab uthorized rida Statu	by the	named corpo e corporation	oration submits this statement for the n's board of directors. Hereby accept	purpose of ot the appoin	changing its	gistered	
11. Pursuant office or nagent. I as	to the provisions of Sections 607.0502 egistered agent, or both in the State of m familiar with, and accept the obliga-	my Jo	el_	110	orwit	72 president	7	changing its ntment as re	gistered 77	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if so licable. (NOTE	Registered /	110	orwit	when reinstating)	DATE /	7.77	79	(00)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	t and title if applicable. (NOTE	Registered /	/ 1c	orwit	72 president	DATE /	7.77	79	14 (00)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	t and title if so licable. (NOTE	: Registered /	Agent sk	orwit	when reinstating)	DATE /	D DIRECTO	RS IN 12	144,001
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND VTS HORWITZ, JOEL	t and title if applicable. (NOTE	13. 1.1 TTT	Agent signal LE ME	gnature required	when reinstating)	DATE /	D DIRECTO	RS IN 12	7007 744,000
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND VTS HORWITZ, JOEL 11328 CHIPMUNK DR	t and title if applicable. (NOTE	: Registered / 13. 1.1 TITI 1.2 NAJ 1.3 STF	Agent sk LE ME REET AC	gnature required	when reinstating)	DATE /	D DIRECTO	RS IN 12	(44,000)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND VTS HORWITZ, JOEL	and title if applicable. (NOTE D DIRECTORS DELETE	: Registered // 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT	Agent signal LE ME REET ACTY-ST-Z	gnature required	when reinstating)	DATE /	D DIRECTO	RS IN 12	CB2E024 (44,000)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND VTS HORWITZ, JOEL 11328 CHIPMUNK DR	t and title if applicable. (NOTE	13. 1.1 TITI 12 NAI 1.3 STF 1.4 CIT 2.1 TITI	Agent sk Agent sk LE ME REET AD TY-ST-Z	gnature required	when reinstating)	DATE /	ND DIRECTO	PRS IN 12 ☐ Addition	(11/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND VTS HORWITZ, JOEL 11328 CHIPMUNK DR	and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TTT 1.2 NAI 1.3 STF 1.4 CIT 2.1 TTTI 2.2 NAI	Agent signal LE ME REET AC TY-ST-Z LE ME	gnature required	when reinstating)	DATE /	ND DIRECTO	PRS IN 12 ☐ Addition	CD2E034 (11/00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND VTS HORWITZ, JOEL 11328 CHIPMUNK DR	and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF	Agent ski	gnature required DORESS	when reinstating)	DATE /	ND DIRECTO	PRS IN 12 ☐ Addition	(44,008)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	Signature, typed or printed name of registered agent OFFICERS AND VTS HORWITZ, JOEL 11328 CHIPMUNK DR	and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF	Agent signal LE ME REET AC TY-ST-Z LE ME REET AC	gnature required DORESS	when reinstating)	DATE /	ND DIRECTO	PRS IN 12 ☐ Addition	W CB2E034 (11,09)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND VTS HORWITZ, JOEL 11328 CHIPMUNK DR	and title if plicable. (NOTE D DIRECTORS D DELETE	13. 1.1 TITI 1.2 NAJ 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAJ 2.3 STF 2.4 CIT 2.4 CIT 2.7 TITI 2.7 NAJ 2.7 TITI 2.7 NAJ 2.7 TITI 2.7 TITI 2.7 NAJ 2.7 TITI	Agent signal LE ME REET AD IY-ST-Z LE ME REET AL IY-ST-Z LE TY-ST-Z	gnature required DORESS	when reinstating)	DATE /	D DIRECTO Change	PRS IN 12 Addition	W CEDECOSA (11,000)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND VTS HORWITZ, JOEL 11328 CHIPMUNK DR	and title if plicable. (NOTE D DIRECTORS D DELETE	13. 1.1 TTT 12 NAV 1.3 STF 1.4 CTT 2.1 TTT 2.2 NAV 2.3 STF 2.4 CT 3.1 TTT 3.2 NAV	Agent ski LE ME REET AC TY-ST-Z LE ME REET AC TY-ST-Z LE	poperss	when reinstating)	DATE /	D DIRECTO Change	PRS IN 12 Addition	(41,08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND VTS HORWITZ, JOEL 11328 CHIPMUNK DR	and title if plicable. (NOTE D DIRECTORS D DELETE	13. 1.1 IIII 1.2 NAI 1.3 STF 1.4 CIT 2.1 IIII 2.2 NAI 2.3 STF 2.4 CIT 3.1 IIII 3.2 NAI 3.3 STF	Agent set LE ME REET AC TY-ST-Z LE ME REET AC TY-ST-Z LE ME REET AC REET AC REET AC	DORESS DORESS	when reinstating)	DATE /	D DIRECTO Change	PRS IN 12 Addition	W CB2E034 (41,08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND VTS HORWITZ, JOEL 11328 CHIPMUNK DR	and title if plicable. (NOTE D DIRECTORS D DELETE	13. 1.1 IIII 1.2 NAI 1.3 STF 1.4 CIT 2.1 IIII 2.2 NAI 2.3 STF 2.4 CIT 3.1 IIII 3.2 NAI 3.3 STF	Agent signal Agent	DORESS DORESS	when reinstating)	DATE /	D DIRECTO Change	PRS IN 12 Addition	VI CD3CD37 (11,00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND VTS HORWITZ, JOEL 11328 CHIPMUNK DR	Trand title if applicable. (NOTE) D DIRECTORS DELETE DELETE	13. 1.1 TITI 1.2 NAV 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAV 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAV 3.3 STF 3.4 CIT 4.1 TITI	Agent sk Agent sk HE REET AC TY-ST-Z LE ME REET AC TY-ST-2 LE	DORESS DORESS	when reinstating)	DATE /	D DIRECTO Change Change	PRS IN 12 Addition Addition	(14,109)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND VTS HORWITZ, JOEL 11328 CHIPMUNK DR	Trand title if applicable. (NOTE) D DIRECTORS DELETE DELETE	2.3 STF 2.4 CIT 3.3 STF 2.4 CIT 3.1 TITI 2.2 NAV 2.3 STF 3.1 TITI 3.2 NAV 3.3 STF 3.4 CIT 4.2 NAV 4.2	Agent sk LE ME REET AL TY'ST-Z LE ME REET AL TY'ST-Z LE ME REET AL LE ME LE AME	DORESS DORESS DORESS	when reinstating)	DATE /	D DIRECTO Change Change	PRS IN 12 Addition Addition	(14,000)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND VTS HORWITZ, JOEL 11328 CHIPMUNK DR	Trand title if applicable. (NOTE) D DIRECTORS DELETE DELETE	23 TITI 22 NAV 23 STF 24 CIT 3.1 TITI 22 NAV 23 STF 34 CIT 34 CIT 4.2 NA 4.3 STF 4.3 STF 4.4 STF	Agent signal Agent signal Agent signal Agent signal Agent signal Agent A	DORESS DORESS DORESS DORESS DORESS	when reinstating)	DATE /	D DIRECTO Change Change	PRS IN 12 Addition Addition	V601717 / 14109
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND VTS HORWITZ, JOEL 11328 CHIPMUNK DR	Trand title if applicable. (NOTE) D DIRECTORS DELETE DELETE	23 TITI 22 NAV 23 STF 24 CIT 3.1 TITI 22 NAV 23 STF 34 CIT 34 CIT 4.2 NA 4.3 STF 4.3 STF 4.4 STF	Agent signal Agent signal Agent signal Agent signal Agent signal Agent A	DORESS DORESS DORESS DORESS DORESS	when reinstating)	DATE /	D DIRECTO Change Change	PRS IN 12 Addition Addition	(41,00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND VTS HORWITZ, JOEL 11328 CHIPMUNK DR	Tand title if plicable. (NOTE D DIRECTORS DELETE DELETE DELETE	23 STF 24 CIT 3.3 STF 4.4 CIT 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NAI 4.3 STF 4.4 CIT 4.4 CIT 4.4 CIT 4.4 CIT 4.4 CIT	Agent signal LE ME REET AD ME REET AD TY'-ST-Z LE ME REET AL TY'-ST-Z LE ME REET AL TY'-ST-Z LE	DORESS DORESS DORESS DORESS DORESS	when reinstating)	DATE /	D DIRECTO Change Change	RS IN 12 Addition Addition	(90) 11/000
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND VTS HORWITZ, JOEL 11328 CHIPMUNK DR BOCA RATON FL	Tand title if plicable. (NOTE D DIRECTORS DELETE DELETE DELETE	23 STF 24 CIT 3.2 NAI 3.3 STF 4.4 CIT 4.2 NAI 3.3 STF 4.4 CIT 4.5 NAI 4.5 NAI 4.5 NAI 5.5 NAI 5.6 NAI 5.6 NAI 5.6 NAI 5.6 NAI 5.7 NAI	Agent signal Agent signal Agent signal Agent signal Agent signal Agent A	DORESS DORESS DORESS DORESS DORESS	when reinstating)	DATE /	D DIRECTO Change Change	RS IN 12 Addition Addition	(907177)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND VTS HORWITZ, JOEL 11328 CHIPMUNK DR BOCA RATON FL	Tand title if plicable. (NOTE D DIRECTORS DELETE DELETE DELETE	2.3 TITI 2.2 NAI 3.3 STF 3.4 CIT 3.2 NAI 3.3 STF 4.4 CIT 4.5 NAI 4.5 STF 4.5 STF 5.4 CIT 5.5 TITI 5.2 NAI 5.3 STF 5.4 CIT 5.5 TITI 5.2 NAI 5.3 STF 5.3	Agent signal Agent signal Agent signal Agent signal Agent signal Agent A	DORESS DORESS DORESS DORESS DORESS DORESS DORESS DORESS	when reinstating)	DATE /	D DIRECTO Change Change	RS IN 12 Addition Addition	(44,08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND VTS HORWITZ, JOEL 11328 CHIPMUNK DR BOCA RATON FL	Tand title if plicable. (NOTE D DIRECTORS DELETE DELETE DELETE	2.3 TITI 2.2 NAI 3.3 STF 3.4 CIT 3.2 NAI 3.3 STF 4.4 CIT 4.5 NAI 4.5 STF 4.5 STF 5.4 CIT 5.5 TITI 5.2 NAI 5.3 STF 5.4 CIT 5.5 TITI 5.2 NAI 5.3 STF 5.3	Agent signal LE ME REET AC ME REET AC TY'ST-2 LE ME ME REET AC TY'ST-2 LE ME	DORESS DORESS DORESS DORESS DORESS DORESS DORESS DORESS	when reinstating)	DATE /	D DIRECTO Change Change	RS IN 12 Addition Addition	(44,008)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND VTS HORWITZ, JOEL 11328 CHIPMUNK DR BOCA RATON FL	DELETE D	2.3 TITI 2.2 NAI 3.3 STF 2.4 CIT 3.2 NAI 3.3 STF 3.4 CIT 4.5 NAI 4.5 STF 4.5 CIT 5.4 CIT 5.7 TITI 5.2 NAI 5.3 STF 5.4 CIT 5.4 CIT 5.7 TITI 5.2 NAI 5.3 STF 5.4 CIT 5.4 CIT 5.4 CIT 5.5 CIT 5.4 CIT 5.5 CIT 5.4 CIT 5.5 CIT 5.4 CIT 5.5	Agent signal LE ME REET AC TY-ST-Z LE ME REET AC REET AC TY-ST-Z LE ME REET AC	DORESS DORESS DORESS DORESS DORESS DORESS DORESS DORESS	when reinstating)	DATE /	D DIRECTO Change Change Change	R\$ IN 12 Addition Addition Addition	(41,00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI VTS HORWITZ, JOEL 11328 CHIPMUNK DR BOCA RATON FL	DELETE D	2.3 STF 2.4 CIT 3.2 NAV 3.3 STF 4.4 CIT 4.1 TITI 4.2 NAV 4.3 STF 4.4 CIT 5.1 TITI 4.2 NAV 5.3 STF 5.4 CIT 6.1 TITI 6.2 NAV 6.3 NAT 6.1 TITI 6.2 NAV	Agent signal LE MRE REET AC LE MRE MRE REET AC MRE MRE REET AC MRE	DORESS DORESS DORESS DORESS DORESS DORESS DORESS DORESS	when reinstating)	DATE /	D DIRECTO Change Change Change	R\$ IN 12 Addition Addition Addition	(141,00)

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 supplimental simular 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 of 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 or an altacament with an address, with all effect like empowered.

SIGNATURE: