FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L85436** **(8)**

1. Corporation Name

ELAND ENERGY CORPORATION

Principal Place of Business	Mailing Address
605 W TAFT-VINELAND RD ORLANDO FL 32824	605 W TAFT-VINELAND RD ORLANDO FL 32824

3. Date Incorporated or Qualified: **07/05/1990**

3a. Date of Last Report: **01/19/1995**

2. Principal Place of Business
21: 18 WALL ST. PLAZA
22: Suite, Apt. #, etc:
23: City & State: ORLANDO FL
24: Zip: 32801
25: Country: ORANGE

2a. Mailing Address
26: P.O. Box 4972
27: Suite, Apt. #, etc:
28: City & State: ORLANDO FL
29: Zip: 32802
30: Country: orange

4. FEI Number: **59-3015184** ☐ 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

HARRISON, JAMES H.
18 WALL STREET PLAZA
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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 607.0502 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 _____ (Signature, typed or printed name of registered agent, and title, if applicable) (NOTE: Registered Agent's signature is required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	C.E.O. / DIR.	☑ Change ☐ Addition
NAME	HARRISON, JAMES H.		1.2 NAME	JAMES H. HARRISON	
STREET ADDRESS	18 WALL STREET PLAZA		1.3 STREET ADDRESS	18 WALL ST. PLAZA	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	ORLANDO FL	
TITLE	V	☑ DELETE	2.1 TITLE	PRES	☐ Change ☑ Addition
NAME	TOFFOLI, MICHAEL L.		2.2 NAME	RICK LEMKUHL	
STREET ADDRESS	18 WALL ST. PLAZA		2.3 STREET ADDRESS	18 WALL ST. PLAZA	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
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			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: _____ 1/19/96 407-857-4005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

JAMES H. HARRISON CEO