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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # M20540

0540

(4)

T. Corporation Name ELLIS & ROBERTS ENTERPRISES, INC. Principal Place of Business ** RAYMOND W. ELLIS 5109 S.W. 90TH AVE. COOPER CITY FL 33328 ** COOPER CITY FL 33328												
								3. Date Incorporate 09/11/1985	d or Qualified	,	ate of Last F 19/1996	leport
2. Principal Pla	ace of Busine	SS	2a.	Mailing Address				4. FEI Number		1 00/		oplied For
1			26	-				59-2589797	7		1— 1—	ot Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				5. Certificate of Star	tus Desired		+	Additional
2			27					57 Continuate of cia	tuo pegirod		Fee R	equired
ຸ City & State	9		<u> </u>	City & State				6. Election Campaig	-	Г		May Be
3 Zip	T	Country	28	Zip	Cour	ntrv		Trust Fund Contri		intensible		to Fees
4	-	5	29	r.b	30	,		This corporation Florida Statutes		intangible Yes [. 199.032,
<u>'J</u>		nd Address of Cu		lered Agent	190			10. Name and Addr		~		
FLII	S, RAYMON	D W.				B1 Nan	ie					
	S.W. 90Th				}	82 Stre	et Addres	s (P.O. Box Number i	is Not Accental	blet	······································	
	PER CITY I				Į	00	or riddrot	A (1 .G. BOX NOTICOL)	o rioi riocopia			
						63						
					}	84 City					85 Zip	Code
										FL	. ••	
					f						<u> </u>	
11. Pursuant t	to the provisio	ns of Sections 607.	0502 and 60	07.1508, Florida Sta da Such change w	f	ove-nam	ed corpor	ration submits this sta	tement for the	purpose of	changing i	ts registered
11. Pursuant to office or read agent. Lar	to the provisio egistered ago m familiar with	ns of Sections 607, nt or both, in the S i, and accept the of	.0502 and 60 state of Floric bligations of	07,1508, Florida Sti la. Such change w , Section 607.0505	f	ove-nam by the cutes.	ed corpor orporation	ration submits this sta n's board of directors.	tement for the l. I hereby acce	purpose of pt the app	changing i	ts registered registered
SIGNATURE					atutes, the ab as authorized , Florida Stati				tement for the l	purpose of pt the app	changing i	ts registered registered
SIGNATURE		r printed name of registere	o agent and otte	il applicable (atutes, the ab as authorized , Florida State NOTE: Registered			when reinstating)		purpose of pt the app DATE		
SIGNATURE .	Signature typedic	r printed name of registere		il applicable (atutes, the ab as authorized Florida State NOTE: Registered	Agent signa				purpose of pt the app DATE	DIRECTOR	RS IN 12
SIGNATURE .	Signature typed o	poised name of registere OFFICERS	o agent and otte	il applicable (atutes, the ab as authorized , Florida State NOTE: Registered	Agent signa		when reinstating)		purpose of pt the app DATE		RS IN 12
SIGNATURE	Signature typed o	poined name of registere OFFICERS YMOND W.	o agent and otte	il applicable (natutes, the abas authorized, Florida State NOTE: Registered 13. 1.1 TIT 1.2 NA	Agent signa	lure required	when reinstating)		purpose of pt the app DATE	DIRECTOR	RS IN 12
SIGNATURE	Signature typed o	OFFICERS YMOND W. 93 AVE.	o agent and otte	il applicable (natutes, the abas authorized, Fiorida Statu NOTE: Registered 13. 1.1 TIT 1.2 NA 1.3 STI	Agent signa LE WE	lure required	when reinstating)		purpose of pt the app DATE	DIRECTOR	RS IN 12
SIGNATURE 2. THILE NAME STREET ADDRESS DITY-ST-ZIP	DPT ELLIS, RA 5003 SW	OFFICERS YMOND W. 93 AVE.	o agent and otte	il applicable (natutes, the abas authorized, Fiorida Statu NOTE: Registered 13. 1.1 TIT 1.2 NA 1.3 STI	Ageni signa LE ME IEET ADDRES Y-ST-ZIP	lure required	when reinstating)	NGES TO OFFI	purpose of pt the app DATE CERS AND	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DPT ELLIS, RA 5003 SW	OFFICERS YMOND W. 93 AVE.	o agent and otte	II application CTORS DELETE	natutes, the abas authorized, Fiorida Statu NOTE: Registered 13. 1.1 TII 1.2 NA 1.3 STI 1.4 CII	Agent signa LE ME IEET ADDRES Y - ST - ZIP	lure required	when reinstating)		purpose of pt the app DATE CERS AND	DIRECTOR Change	RS IN 12
2. ITLE IAME OTY-ST-ZIP ITLE IAME	DPT ELLIS, RA 5003 SW	OFFICERS YMOND W. 93 AVE.	o agent and otte	II application CTORS DELETE	natures, the abas authorized, Fiorida Statu NOTE: Registered 13. 1.1 TIT 12 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA	Agent signa LE ME IEET ADDRES Y - ST - ZIP	lure required	when reinstating)	NGES TO OFFI	purpose of pt the app DATE CERS AND	DIRECTOR Change	RS IN 12
SIGNATURE 2. III.E IAME ITRELI ADDRESS DITY-ST-ZIP IAME IAME ITRELI ADDRESS ITRELI ADDRESS	DPT ELLIS, RA 5003 SW	OFFICERS YMOND W. 93 AVE.	o agent and otte	TORS DELETE	natures, the abas authorized, Fiorida Statu NOTE: Registered 13. 1.11II 12.NA 1.3.STI 2.1.TII 2.2.NA 2.3.STI 2.4.CI 2.4.CI	Agent signa LE ME ME SET ADDRES Y - ST - ZIP LE ME ME TY - ST - ZIP	lure required	when reinstating)	NGES TO OFFI	purpose of pt the app DATE CERS AND	DIRECTOR Change Change	Additio
2. HILE HAME HITE HAME HITE HAME HITE HAME HAME HAME HAME HAME HAME HAME HAM	DPT ELLIS, RA 5003 SW	OFFICERS YMOND W. 93 AVE.	o agent and otte	II application CTORS DELETE	alutes, the abas authorized, Fiorida Statu NOTE: Registered 13. 1.11/II 1.2 NA 1.3 SII 2.1 TII 2.2 NA 2.3 SII 2.4 CI 3.1 III	Agent signa LE ME SEET ADDRES Y-ST-ZIP LE ME REET ADDRES IY-ST-ZIP LE	lure required	when reinstating)	NGES TO OFFI	purpose of pt the app DATE CERS AND	DIRECTOR Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS DITY-ST-ZIP UITLE VAME STREET ADDRESS DITY-ST-ZIP UITLE NAME	DPT ELLIS, RA 5003 SW	OFFICERS YMOND W. 93 AVE.	o agent and otte	TORS DELETE	alutes, the abas authorized, Fiorida Statu NOTE: Registered 13. 1.1 Till 1.2 NA 1.3 SII 2.1 Till 2.2 NA 2.3 SII 2.4 CI 3.1 Till 3.2 NA	Agent signa LE ME ME SEET ADDRES Y-ST-ZIP LE ME ME SEET ADDRES (Y-ST-ZIP LE ME	S S	when reinstating)	NGES TO OFFI	purpose of pt the app DATE CERS AND	DIRECTOR Change Change	RS IN 12 Addition
SIGNATURE 12. THILE NAME STREET ADDRESS DITY-ST-ZIP HILE NAME STREET ADDRESS DITY-ST-ZIP HILE NAME STREET ADDRESS	DPT ELLIS, RA 5003 SW	OFFICERS YMOND W. 93 AVE.	o agent and otte	TORS DELETE	alutes, the abas authorized, Fiorida Statu NOTE: Registered 13. 1.1 TIT 12 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA 3.3 STI 3.	Agent signa LE ME ME NEET ADDRES Y-ST-ZIP LE ME NEET ADDRES IY-ST-ZIP LE ME ME	S S	when reinstating)	NGES TO OFFI	purpose of pt the app DATE CERS AND	DIRECTOR Change Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREEL ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS DITY-ST-ZIP	DPT ELLIS, RA 5003 SW	OFFICERS YMOND W. 93 AVE.	o agent and otte	DELETE	natures, the abas authorized, Fiorida Statu NOTE: Registered 13. 1.1 Till 12 NA 1.3 SII 2.2 NA 2.3 SII 2.4 CI 3.1 Till 3.2 NA 3.3 SII 3.4 CI 3.4 CI 3.4 CI 3.4 CI 3.4 CI 3.4 CI 3.5 CI 3	Agent signa LE ME ME NEET ADDRES Y - ST - ZIP LE ME ME REET ADDRES IY - ST - ZIP LE ME REET ADDRES	S S	when reinstating)	NGES TO OFFI	purpose of pt the app DATE CERS AND	DIRECTOR Change Change	RS IN 12 Additio
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DPT ELLIS, RA 5003 SW	OFFICERS YMOND W. 93 AVE.	o agent and otte	TORS DELETE	alutes, the abas authorized, Fiorida Statu NOTE: Registered 13. 1.1 TII 1.2 NA 1.3 STI 2.2 NA 2.3 STI 2.4 CI 3.1 TII 3.2 NA 3.3 STI 3.4 CI 4.1 TII	Agent signa LE ME ME NEET ADDRES Y-ST-ZIP LE ME NEET ADDRES TY-ST-ZIP LE ME ME NEET ADDRES TY-ST-ZIP LE ME NEET ADDRES	S S	when reinstating)	NGES TO OFFI	purpose of pt the app DATE CERS AND	DIRECTOR Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DPT ELLIS, RA 5003 SW	OFFICERS YMOND W. 93 AVE.	o agent and otte	DELETE	alutes, the abas authorized, Fiorida Statu NOTE: Registered 13. 1.1 TII 12 NA 1.3 STI 2.2 NA 2.3 STI 2.4 CI 3.1 TII 3.2 NA 3.3 STI 3.4 CF	Agent signa LE ME	ss ss	when reinstating)	NGES TO OFFI	purpose of pt the app DATE CERS AND	DIRECTOR Change Change	RS IN 12 Additio
SIGNATURE 12. TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS	DPT ELLIS, RA 5003 SW	OFFICERS YMOND W. 93 AVE.	o agent and otte	DELETE	atutes, the abase as authorized, Fiorida Statu NOTE: Registered 13. 1.1 TII 12 NA 1.3 STI 2.2 NA 2.3 STI 2.4 CI 3.1 TII 3.2 NA 3.3 STI 3.4 Ci 4.1 TII 4. 2 NA 4.3 STI 4. 2 NA	Agent signa LE ME ME ME ME ME ME ME ME ME	ss ss	when reinstating)	NGES TO OFFI	purpose of pt the app DATE CERS AND	DIRECTOR Change Change	RS IN 12 Additio
SIGNATURE 12. TITLE NAME STREET ADDRESS DITY-ST-ZIP	DPT ELLIS, RA 5003 SW	OFFICERS YMOND W. 93 AVE.	o agent and otte	DELETE	atutes, the abase as authorized, Fiorida Statu NOTE: Registered 13. 1.1 TII 12 NA 1.3 STI 2.2 NA 2.3 STI 2.4 CI 3.1 TII 3.2 NA 3.3 STI 3.4 Ci 4.1 TII 4. 2 NA 4.3 STI 4. 2 NA	Agent signa LE ME ME ME ME ME ME ME ME ME	ss ss	when reinstating)	NGES TO OFFI	purpose of pt the app DATE CERS AND	DIRECTOR Change Change	RS IN 12 Additio
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DPT ELLIS, RA 5003 SW	OFFICERS YMOND W. 93 AVE.	o agent and otte	DELETE DELETE	alutes, the abas as authorized, Fiorida Statu NOTE: Registered 13. 1.1 TII 12 NA 1.3 STI 2.2 NA 2.3 STI 2.4 CI 3.1 TII 3.2 NA 3.3 STI 4.1 TII 4.2 NA 4.3 STI 4.4 CI 4.4 CI	Agent signa LE ME ME ME ME ME ME ME ME ME	ss ss	when reinstating)	NGES TO OFFI	purpose of pt the app DATE CERS AND	DIRECTOR Change Change Change	
IGNATURE 2. CITICE LAME STREET ADDRESS DITY-ST-ZIP LITLE LAME LA	DPT ELLIS, RA 5003 SW	OFFICERS YMOND W. 93 AVE.	o agent and otte	DELETE DELETE	atutes, the abate as authorized as authorize	Agent signa LE ME ME ME ME ME ME ME ME ME	s s	when reinstating)	NGES TO OFFI	purpose of pt the app DATE CERS AND	DIRECTOR Change Change Change	RS IN 12 Additio
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	DPT ELLIS, RA 5003 SW	OFFICERS YMOND W. 93 AVE.	o agent and otte	DELETE DELETE	alutes, the aba as authorized	Agent signa LE ME ME ME ME ME ME ME ME ME	s s	when reinstating)	NGES TO OFFI	purpose of pt the app DATE CERS AND	DIRECTOR Change Change Change	RS IN 12 Additio Additio
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-ST-ZIP	DPT ELLIS, RA 5003 SW	OFFICERS YMOND W. 93 AVE.	o agent and otte	DELETE DELETE	alutes, the aba as authorized	Agent signa LE ME ME ME ME ME ME ME ME ME	s s	when reinstating)	NGES TO OFFI	purpose of pt the app DATE CERS AND	DIRECTOR Change Change Change	RS IN 12 Additio
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ELLIS, RA 5003 SW	OFFICERS YMOND W. 93 AVE.	o agent and otte	DELETE DELETE DELETE	alutes, the abate as authorized, Fiorida Statu Note: Registered 13. 1.1 TII 1.2 NA 1.3 STI 2.1 TII 2.2 NA 2.3 STI 2.4 CI 3.1 TII 3.2 NA 3.3 STI 4.1 TII 4.2 N/ 4.3 STI 4.4 CII 5.1 TII 5.2 NA 5.3 STI 5.4 CII	Agent signa LE ME ME ME ME ME ME ME ME ME	s s	when reinstating)	NGES TO OFFI	purpose of pt the app DATE CERS AND	DIRECTOR Change Change Change	Addition Addition Addition
SIGNATURE	DPT ELLIS, RA 5003 SW	OFFICERS YMOND W. 93 AVE.	o agent and otte	DELETE DELETE DELETE	alutes, the aba as authorized, Fiorida Statu Note: Registered 13. 1.1 TII 12 NA 1.3 STI 2.1 TII 2.2 NA 2.3 STI 2.4 CI 3.1 TII 3.2 NA 4.3 STI 4.4 CI 5.1 TII 5.2 NA 5.3 STI 5.4 CI 6.1 NI 6.2 NA	Agent signa LE ME ME ME ME ME ME ME ME ME	ss ss	when reinstating)	NGES TO OFFI	purpose of pt the app DATE CERS AND	DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition Addition