

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M59533 (3)
1. Corporation Name
STUART G. ELLIOT, P.A.




Principal Place of Business % STUART G. ELLIOT 9100 SOUTH DADELAND BLVD., SUITE 1119 MIAMI FL 33156	Mailing Address % STUART G. ELLIOT 9100 SOUTH DADELAND BLVD., SUITE 1119 MIAMI FL 33156
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9703 S. Dixie Hwy. Suite, Apt. #, etc. 22 Office #2 City & State 23 PINECREST, FL Zip 24 33156 25 USA		2b. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 09/21/1987	4. FEI Number 65-0004637 Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ELLIOT, STUART G. 9100 SOUTH DADELAND BLVD. SUITE 1119 MIAMI FL 33156		10. Name and Address of New Registered Agent 81 Name STUART G. ELLIOT 82 Street Address (P.O. Box Number is Not Acceptable) 9703 S. DIXIE HWY 83 Office #2 84 City PINECREST FL 85 Zip Code 33156	
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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:  STUART G. ELLIOT, Registered Agent 4/24/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP PD ELLIOT, STUART G. 9100 SOUTH DADELAND BLVD MIAMI FL <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 9703 S. DIXIE HWY - OFF. #2 PINECREST, FL 33156 <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.

SIGNATURE:  STUART G. ELLIOT 4/24/98 305-668-8888

CR2E034 (10/97)