

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90048 005 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N96000001155**

1. Corporation Name  
**MODEL-AS, INC.**

Principal Place of Business  
**808 NORTH DIXIE HIGHWAY  
LANTANA FL**

Mailing Address  
**808 NORTH DIXIE HIGHWAY  
LANTANA FL**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/01/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0648341</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	30	

**9. Name and Address of Current Registered Agent**

**DONNELLEY, ELLIOTT R  
348 EDEN ROAD  
PALM BEACH FL 33480**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONNELLEY, ELLIOTT R</b>	1.2 NAME	
STREET ADDRESS	<b>348 EDEN ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WRIGHT, ELEANOR</b>	2.2 NAME	
STREET ADDRESS	<b>808 NORTH DIXIE HIGHWAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LANTANA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELBORN, MICHAEL</b>	3.2 NAME	
STREET ADDRESS	<b>808 NORTH DIXIE HIGHWAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LANTANA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PVST</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONNELLEY, ELLIOTT R</b>	4.2 NAME	
STREET ADDRESS	<b>348 EDEN ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, 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.

**SIGNATURE:** ☒ **ELLIOTT R. DONNELLEY, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Elliot R Donnelly*

Date

Daytime Phone #

**04/27/99**

CR2E037 (11/98)