FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS

DOCUMENT # P92000012698 (6)

1. Corporation	n Name	•						
ELITE	CONSTRUCTION, INC.							
Principa! Place	of Business	Mailing Address					ODIN DANDI KIRID (ISI	A DILLO FALLE GARLINGE
10680 NW 18TH CT 10680 NW 18TH CT PLANTATION FL 33322 PLANTATION FL 33322 US								
		•				3. Date Incorporated or Qualified 12/16/1992	3a. Date of La	•
2. Principal Pla	ace of Business	2a, Mailing Address				4. FEI Number	03/13	·
21		26				65-0378425	-	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						7.75 Additional
22		27			5. Certificate of Status Desired		Fee Required	
City & State		City & State				6. Election Campaign Financing	\$!	5.00 May Be
23		28				Trust Fund Contribution		dded to Fees
Zip	Country	Zip		Country		8. This corporation has liability for in	ntangible tax und	ers 199.032,
24	25	29	30				□ No	
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New R	egistered Agent	
MITTODA	ATOR DETER			"	marne			
	ATOS, PETER IW 18TH CT			82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)	
	TION FL 33322			83				
T LATE	THOM I E GOOZE							
				84	City		FL 85	Zip Code
11. Pursuant t	o the provisions of Sections 607.050	02 and 607.1508, Florida Sta	tutes, the a	above-n	amed corpora	ation submits this statement for the purp		its registered office
Or registeri	ed agent, or both, in the State of Flo th, and accept the obligations of, Se	nua. Such Charide was aunk	MIZECT DV TO	e corpo	ration's board	d of directors. I hereby accept the appo	intment as registi	ered agent. I am
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	eneri eer ieee ener	100.					
OIGHTATORE _	Signature, typed or printed name of registered age		(NOTE: Registe	ered Agent	signature required	where reinstalling)	DATÉ	
12.		ND DIRECTORS	1:	•		ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS IN 12
TITLE	DPST DELETE			1. 1 TITLE			Char	nge 🔲 Addition
NAME	VITTORATOS, PETER 10680 NW 18TH CT			2 NAME				
STREET ADDRESS	PLANTATION FL			3 STREET	1			
CITY-ST-ZIP TULE	FLANIATION FL	☐ DELETE		4 CiTY - ST	-7iP		F7.0	
NAME				1 TITLE			Char	nge 🗌 Addition
STREET ADDRESS				2 NAME	IDDOCCO.			
CHY-ST-ZIP				3 STREET				
TITLE		☐ DELETE		4 CITY-ST 1 TITLE	- 2112		☐ Char	ngo 🗖 Addition
NAME				2 NAME			CT cust	nge [] Addition
STREET ADDRESS				3 STREET	ADDRESS			
CITY-ST-ZiP				CITY-ST				
THLE		☐ DELETE		1 TITLE			☐ Char	nge 🔲 Addition
NAME			4.2	2 NAME				
STREET ADDRESS			4.3	STREET A	NDDRESS			
CITY - ST - ZIP			4.4	CITY-ST	- ZiP			
TITLE		☐ DELETE	5	1 TITLE			☐ Char	nge 🔲 Addition
NAME			52	NAME				
STREET ADDRESS			5.3	STREET A	ODRESS			
CITY - ST - ZIP				1 C([Y - S[- ZIP			
TITLE		☐ DELETE	6.	1 TITLE	ļ		Chan	nge Addition
NAME				NAME				
STREET ADDRESS				STOLET A				
CITY-S!-ZIP			6.4	CHE ST	- 2IP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and uses 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 use 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 comporation or the receiver or trustee empower appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECT OFFICER OF DIRECT OFFICER OF DIRECT OFFICER OF DIRECT OFFICER OFFICE