SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 AUG -3 AM 11:00

DOCUMENT # **P93000003329 (8)**

1. Corporation Name

E.L.I. CORP.

Principal Place of Business	Mailing Address
P O BOX 7424 BRADENTON FL 34210	P O BOX 7424 BRADENTON FL 34210

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/11/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21: P.O. BOX 340	2a. Mailing Address 26: P.O. BOX 340
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: ONECO, FL	City & State 28: ONECO, FL
Zip 24: 34264 Country 25:	Zip 29: 34264 Country 30:

4. FEI Number: 65-0384003 ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCQUADE, LAURA J 4585 71ST ST. W. SUITE 185 BRADENTON FL 34210	81 Name: LAURA J. McQUADE 82 Street Address (P.O. Box Number is Not Acceptable): 2909 47TH AVE. W. 83 84 City: BRADENTON FL 85 Zip Code: 34207

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: LAURA J. McQUADE — Laura J McQuade — 7/29/95
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	VTD	11 TITLE	YTD	☒ Change ☐ Addition
NAME	IANNELLI, ERIC A	12 NAME	IANNELLI, ERIC A.	
STREET ADDRESS	4585 71ST ST. W.	13 STREET ADDRESS	2909 47TH AVE. W.	
CITY-ST-ZIP	BRADENTON FL 34210	14 CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	PSD	21 TITLE	PSD	☒ Change ☐ Addition
NAME	MCQUADE, LAURA J	22 NAME	McQUADE, LAURA J.	
STREET ADDRESS	4585 71ST ST. W.	23 STREET ADDRESS	2909 47TH AVE. W.	
CITY-ST-ZIP	BRADENTON FL 34210	24 CITY-ST-ZIP	BRADENTON FL 34207	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: Eric A. Iannelli — 7/29/95 — 727-7337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ERIC A. IANNELLI

0164030 FP