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PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000011209
1. Corporation Name

Elm Management Corp.
20241 Boca West Drive
Boca Raton, Florida 33434

Principal Place of Business

Mailing Address

20241 Boca West Drive
Boca Raton, Florida 33434

DO NOT WRITE IN THIS SPACE

8. Date Incorporated or Qualified
02/12/93

4. FET Number
65-0386293

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

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

1. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

24 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Sheldon Maschler
7496 Mahogany Bend Pl.
Boca Raton, FL 33434

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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

Signature of principal officer or registered agent and the if applicable

(NOTE: Registered Agent signature required when retaining)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME Sheldon Maschler
STREET ADDRESS 7496 Mahogany Bend Place
CITY-ST-ZIP Boca Raton, Florida 33434

DELETE

TITLE Vice President
NAME Erik Maschler
STREET ADDRESS 17 Emerald Drive
CITY-ST-ZIP Morganville, NJ 07751

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

14. TITLE

15. NAME

16. STREET ADDRESS

17. CITY-ST-ZIP

18. TITLE

19. NAME

20. STREET ADDRESS

21. CITY-ST-ZIP

22. TITLE

23. NAME

24. STREET ADDRESS

25. CITY-ST-ZIP

26. TITLE

27. NAME

28. STREET ADDRESS

29. CITY-ST-ZIP

30. TITLE

31. NAME

32. STREET ADDRESS

33. CITY-ST-ZIP

34. TITLE

35. NAME

36. STREET ADDRESS

37. CITY-ST-ZIP

Change ☐ Addition ☐Change ☐ Addition ☐Change ☐ Addition ☐Change ☐ Addition ☐Change ☐ Addition ☐Change ☐ Addition ☐

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

0176386

FILED
Jun 18 1998 8:00am
Secretary of State

CR2004 (10/97)