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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P9300048142 (2

## FILED Apr 09 1997 8:00am Secretary of State

1. Corporation Name E.L. ENTERPRISES OF BROWARD, INC.  Principal Place of Business S610 N.E. 15TH AVE. FORT LAUDERDALE FL 33334  FORT LAUDERDALE FL 33334  FORT LAUDERDALE FL 33334										
							3. Date Incorporated or Qualified 07/08/1993		ate of Last Re 01/1996	eport
2. Principal P	lace of Business	<b>2a.</b> Ma	iling Address				4. FEI Number	1 00/		plied For
21		26					65-0496156		No	t Applicable
Suite, Apt.	#, etc	ļ <u>-</u>	te, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
22 City & State	Δ	27 Cit	/ & State						Fee Re	
23	ζ.	28	y & Slaid				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip	Country	Zip		Cou	ntry		8. This corporation has liability for	_=		
24	25 29			30			Florida Statutes Yes No			
	9. Name and Address of Curre	nt Registere	d Agent		81 Name		10. Name and Address of New R	egistered .	Agent	
	BBERGEN, EDWARD A									
5610 N.E. 15TH AVE. FORT LAUDERDALE FL 33334				82 Street Addre			s (P.O. Box Number is Not Accepte	ble)		
'0	TI BADDETIDALE I'E 00004				83		······································		-,	
							<u> </u>			
					84 City			FL	85 Zip 0	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1	508, Florida Statut	es, the at	ove-named	d corpor	ation submits this statement for the	purpose of	changing its	s registered
office or r agent. La	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. S jations of, Se	iuch change was : ction 607.0505, Fi	authorizeo orida Stat	i by the cor ules.	rporation	n's board of directors, I hereby acce	pt the app	ointment as	registered
SIGNATURE										
[	Signature, typied or purched name of registered ag				Agent signatur	re required	when reinstating)	DATE	DIRECTOR	201122
112.	OFFICERS AN	DIRECTO	DELETE	13. 1.1 Til	ı f	<del></del>	ADDITIONS/CHANGES TO OFFI	UEHS AND	Change	Addition 2
NAME	TUBBERGEN, EDWARD A		L. Detere	1.2 NA		PEL	inley & Tubb	cal.		A Manual C
STREET ADDRESS	5610 N.E. 15TH AVE.				REET ADDRESS	SI	10 NL 15 AVL	- July	1 10	
CHY-SI-7IP	FORT LAUDERDALE FL 33334	ļ			Y-ST-ZIP	90	M. T. Landanda	Je L	Z1 22	37 L 3
Title	٥		. DELETE	2.1 (1)		<b>-</b>		7734	Change	Addition
NAME	JOHNSON, LAWRENCE R			2.2 NA	ME					
STREET ADDRESS	5810 N.E. 15TH AVE.			2.3 ST	REET ADDRESS					
CHY-ST-ZIF	FORT LAUDERDALE FL 3333	<u> </u>		2. 4 C	TY-ST-ZIP	ļ	* · · · · · · · · · · · · · · · · · · ·			
THUE			∐ DELETE	3.1 111					Change	☐ Addition
NAME DESCRIPTION				32 NA						1
STREET ADDRESS					REET ADDRESS					
CHY-ST-20° Title			DELETE	3.4. CI	TY-ST-ZIP	<del></del>	······································	······································	Change	Addition
NAME			hand o'Chille	4.2 N		- [			migu	
STREET ADDRESS					REET ADDRESS	1				
CITY-ST-ZIP					Y-S1-ZIP					
Title		<del></del>	DELETE	5.1 Til		1-	······································		Change	Addition
NAME				5.2 NA	ME					
STHEET ADDRESS				5.3 ST	REET ADDRESS					
City - \$1 - ZiP				5.4 Ci	Y-ST-ZIP	1		·:		
TITLE			DELETE	61 10	LE				Change	Addition
NAME				62 NA	ME					1
STREET ADDRESS				6.3 \$T	REET ADORESS					
City-St-Zift	by continuing the information of the line	of mate this E	ing done not a		Y-ST-ZIP	closed in	Section 110 D7/2V/3 Finalds Dist.	on I for white a	r portification	*ho
informatio	by certify that the information supplied in indicated on this appual report or	o with this III Sunnlementa	ing coos not quali Langual report is 1	rue and a	ccurata an	d that m	r section in 19.07 (9)(1), FRANCE SIGNAL or signature chall have the same lea	us. i jurii 181	l faith thirton	nic

4. I do 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 1012 is specified in a statute of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

4-1-97 954 467-6556