

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

**FILED**

**Feb 03 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P93000061149 (9)**  
1. Corporation Name  
**ESPADON GROUP, INC.**



Principal Place of Business: **5313 FISHER ISLAND DR. FISHER ISLAND FL 33109**  
Mailing Address: **5313 FISHER ISLAND DR. FISHER ISLAND FL 33109**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2a. Mailing Address

21. Suite, Apt. #, etc.  
26. Suite, Apt. #, etc.

22. City & State  
27. City & State

23. Zip Country  
28. Zip Country

24. Zip Country  
25. Zip Country  
29. Zip Country  
30. Zip Country

3. Date Incorporated or Qualified  
**09/01/1993**

4. FEI Number **65-0463681**  
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

9. Name and Address of Current Registered Agent  
**ELALOUP, MARC  
5313 FISHER ISLAND DR.  
FISHER ISLAND FL 33109**

*new FL - Registered Agent*

10. Name and Address of New Registered Agent

81. Name  
**Alan A. Razia, CPA**

82. Street Address (P.O. Box number)  
**Centif. Public Accountant  
22 Boxwood Road  
Hollywood, FL 33021**

83. City  
**Hollywood**

84. City  
**FL**

85. Zip Code  
**33021**

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: *[Signature]* DATE: **1/26/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D, P ELALOUP, MARC</b>	1.2 NAME	<b>MARC ELALOUP</b>
STREET ADDRESS	<b>5313 FISHER ISLAND DR. FISHER ISLAND FL 33109</b>	1.3 STREET ADDRESS	<b>6336 WILSHIRE BLVD</b>
CITY-ST-ZIP	<b>FISHER ISLAND FL 33109</b>	1.4 CITY-ST-ZIP	<b>LOS ANGELES, CA 90048</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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]*

CR2E034 (10/97)