PROFIT CORPORATION ANNUAL REPORT

1999



Secre ary of State DIVISION OF CORPORATIONS

FILED Apr 28, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

04-28-1999 90022 003 ***150.00

i. Corporation	MENT # P93000 ELM CORPORATION	069986							
Principal Flace	e of Business	Mailing Address	_		— '#F	DISBOT IIO TOLOO HIIN OOME EL	ILE WELL BUILD	#1116 UH## 1000	
8757 HONEYSU		8757 HONEYSUCKLE WAY	,		ŀ				
CAPE CANAVER		20		ļ					
						DO NOT WRI	TE IN THIS	SPACE	
						corporated or Qualifed			į
Deine de la Di	Lega of Dunings	2a. Mailing Address	_		10/04/			ΙΔn	olied For
					59-3209906		<u> </u>	Applicable	
Suite, Apt.	# etc		Suite, Apt. #, etc.					\$8.75 /	
			27			te of Status Desired	Ш	Fee Re	
City & State		City & State			6. Election	Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution Added to Fees			Fees	
Zip	Country Zip Co			ountry 8. This corporation owes the current year Intangible					
24	25 29 30					I Property Tax.			□No
	9. Name and Address of Currer	nt Registered Agent	8	4 Name	10. Name a	and Address of New F	Registered	Agent	
STADLER, RICHARD E				1 Name					
		8	2 Street A Idi	ress (P.O. Bo	Number is Not Accepta	abie)		_	
1	PALM AVENUE SVILLE FL 32781		8	-					
, ,,,,	OVILLE I E OZIOI		Ů	"					
			8	4 City			E I	85 Zip C	ode
44.5	to the provisions of Sections 607.050	VI and COZ 1509 Elevide Ctatu	too the she	vo named surr	poration submits	this statement for the	purpose of	changing its	egistered
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was a	authorized h	v the comovati	ion's board of di	rectors. I hereby accep	ot the ap xo	intment as reç	istered
SIGNATURE	Signature, typed or printed no me of registered age	on and title if applicable (NO:	E: Registered Ag	ent signature require	ed when reinstating		DATE		
12.	OFFICERS AN) DIRECTORS	13.		ADDITI O	NS/CHANGES TO OF	FICERS A		
TITLE	D	☐ DELÉTE	1.1 TITLE					Change	☐ Addition
NAME	LEWIS, JAMES C JR 8757 HONEYSUCKLE WAY		1.2 NAME						
STREET ADDRESS			1.3 STRE	ET ADDRESS					
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		1.4 CITY-	-				Change	Addition
TITLE	D DELETE		2.1 TITLE 2.2 NAME					Change	
NAME	CALDWELL, JOHN R JR				-01. 1	0 < 1 / 1	Cual T	_	
STREET ADDRESS	14001 OSPREY LINKS DR #34	46	23STRE	ET ADDRESS 5		PSWICH 1		27 Y	
CITY-ST-ZIP	ORLANDO FL	☐ DELETE	2.4 CITY 3.1 TITLE	-ST-ZIP	ICCOM 170	, <u> </u>	<u> </u>	☐ Change	Addition
TITLE		berrie	3.1 HILE 3.2 NAME	Į				~ -··	_
NAME				ET ADDRESS					
STREET ADDRESS			3.4. CITY						
CITY-ST-ZIP		DELETE	4.1 TITLE					☐ Change	Addition
NAME			4. 2 NAM						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			44 CITY-						
TITLE		☐ DELETE	5 1 TITLE					Change	Addition
NAME			5 2 NAME	=					
STREET ADDRESS			53 STRE	ET ADDRESS					
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STRE	ET ADDRESS)
CITY-ST-ZIP			6.4 CITY-	-ST-ZIP					

CITY-ST-ZIP 14. I herety certify that the informa ion 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 structure 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 tructure empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attactment with an address, with all other like empowered.

SIGNATURE:

NING OFFICE ? OR DIRECTOR