


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

FILED  
Mar 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000021999 (5)

1. Corporation Name  
ELLMAN CONSULTING, INC.

Principal Place of Business  
730 W MCNAB RD  
FT LAUDERDALE FL 33309

Mailing Address  
730 W MCNAB RD  
FT LAUDERDALE FL 33309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/18/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0479502	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GALLO, ROBIN 730 W MCNAB ROAD FT LAUDERDALE FL 33309				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
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, 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	DPST	1.1 TITLE	PRESIDENT
NAME	ELLMAN, J. LEON	1.2 NAME	J. Leon Ellman
STREET ADDRESS	730 W MCNAB RD	1.3 STREET ADDRESS	730 W. McNab Road
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	D	2.1 TITLE	VP/TREASURER
NAME	ELLMAN, ELAINE	2.2 NAME	Gerald J. Brady
STREET ADDRESS	730 W. MCNAB ROAD	2.3 STREET ADDRESS	730 W. McNab Road
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE		3.1 TITLE	VP/SECRETARY
NAME		3.2 NAME	Arthur J. Berk
STREET ADDRESS		3.3 STREET ADDRESS	730 W. McNab Road
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE		4.1 TITLE	VP
NAME		4.2 NAME	Neil Ellman
STREET ADDRESS		4.3 STREET ADDRESS	730 W. McNab Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE		5.1 TITLE	VP
NAME		5.2 NAME	Lance Ellman
STREET ADDRESS		5.3 STREET ADDRESS	730 W. McNab Road
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE		6.1 TITLE	Asst. Secretary
NAME		6.2 NAME	Robin Gallo
STREET ADDRESS		6.3 STREET ADDRESS	730 W. McNab Road
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309

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

Neil Ellman

3/18/98 (251) 277-3301

CP2E034 (10/97)