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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000029165 1. Corporation Name

EGLM CORP.

Principal Place of Business

Mailing Address

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90160 010 ***150.00



5105 MISSION F TAMPA FL 3361		5105 MISSION HILLS AVENUE TAMPA FL 33617											
TAMPA PL 3361	<i>i</i>					DO NOT WRITE IN THIS SPACE							
							18/19		or Qualife	d			
2. Principal Place of Business 2a. Mailing Address							Number				Ap	plied For	
21 2421 TERESA CINCLE 26 2421 TERE			A Circle			65-0484598				No	t Applicable		
Suite, Apt. #		Suite, Apt. #, etc.				5. Certifcate of Status Desired						\$8.75 Additional Fee Required	
22 D City & State			City & State			6 Flec	tion Car	mpaino	Financin	n	\$5.00	May Re	
23 TAMPA	FL	28 TAMPA				Trust Fund Contribution Added to Fees							
Zip Country Zip 22/-29			Country				,			ırrent yea	r Intangible ☐ Yes	□No	
24 33629 25 USA 29 33629			10 USA Personal Property T					. Dogisto					
	9. Name and Address of Current	Registered Agent	91	Nom		10. Nan	ne and	Addre	SS OF NEV	registe	rea Agent		
ELKI	81 Name MANUEL ELKIND												
5105	82	2 Stre	et Addres	s (P.O. B	ox Nun	nber is	Not Acce						
		ļ. <u> </u>	2421	TER	LESA	_(7	RULE	_B					
IAM	PA FL 33617		83	3									
			84		TAM	PA						Code	
11. Pursuant t	o the provisions of Sections 607.0502	the abov	re-name	ed corpor	ation sub	mits this	s stater	ment for th	ne purpos	e of changing its	registered		
office or re	gistered agent, or both, in the State of a familiar with, and accept the obligation	i Florida. Such change was auth	iorizea di	/ tne co	rporation	s board o	or airect	ors. i n	iereby acc	ept the a	ppomunem as re	distalen	
	iditimal with data accept the congenie	MAN		ELK	ins			į	4/2019	9			
SIGNATURE .	Signature, typed or printed name of registered agent	gistered Age			vhen reinstati	ng)		13011	DAT	E			
12.	OFFICERS AND		13.			ADDI	TIONS/	CHAN	GES TO	OFFICER	S AND DIRECTO	ORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE								Change	☐ Addition	
NAME	ELKIND. MANUEL		1.2 NAME					_					
STREET ADDRESS	5105 MISSION HILLS AVENUE		1.3 STREE	T ADDRES	ss 2421	TER	ESA	CIRC	cie E				
CITY-ST-ZIP	TAMPA FL 33617		1,4 CITY-3	ST-ZIP	TAM	IPA -	FL		3362	-9			
TITLE		☐ DELETE	2.1 TITLE								Change	☐ Addition	
NAME			2.2 NAME									l	
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			2. 4 CITY-		-								
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NAME			3.2 NAME										
			3.3 STREE										
STREET ADDRESS			3.4. CITY-		~								
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TITLE		- Deterie	4.1 TITLE									_	
NAME STREET ADDRESS			4.3 STREE		ss								
CITY-ST-ZIP			4.4 CITY-1	ST-ZIP									
TITLE		☐ DELETE	5.1 TITLE								Change	☐ Addition	
NAME			5.2 NAME					•)	
STREET ADDRESS	·	r'	5.3 STREE	ET ADDRE	ss							ľ	
ŧ			54 CITY-	ST-ZIP									
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i			6.2 NAME								- •	1	
NAME			6.3 STREE		ss							!	
STREET ADORESS				6.4 CITY-ST-ZIP									
CITY-ST-ZIP		ļ	DA CHT	31.71L	- 1								

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, with all other like empowered.

SIGNATURE: