

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. *EP*

Principal Place of Business

5105 MISSION HILLS AVENUE
TAMPA FL 33617

Mailing Address

5105 MISSION HILLS AVENUE
TAMPA FL 33617

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

05-05-1999 90160 010 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1994

4. FEI Number

65-0484598

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2421 TERESA CIRCLE

Suite, Apt. #, etc.

22 B

City & State

23 TAMPA FL

Zip Country

24 33629 25 USA

2a. Mailing Address

26 2421 TERESA CIRCLE

Suite, Apt. #, etc.

27 B

City & State

28 TAMPA FL

Zip Country

29 33629 30 USA

9. Name and Address of Current Registered Agent

ELKIND, MANUEL
5105 MISSION HILLS AVENUE
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name

MANUEL ELKIND

82 Street Address (P.O. Box Number is Not Acceptable)

2421 TERESA CIRCLE B

83

84 City TAMPA

FL

85 Zip Code 33629

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

MANUEL ELKIND

4/30/99

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME P
STREET ADDRESS ELKIND, MANUEL
CITY-ST-ZIP 5105 MISSION HILLS AVENUE
TAMPA FL 33617

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL ELKIND

4/30/99

Date

813-251-0895

Daytime Phone #

CR2E034 (11/98)

0393251