

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAR 28 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000037805
1. Corporation Name
EL i ASSOCIATES, INC.

Principal Place of Business Mailing Address
**8400 Baymeadows Way
Suite 3
Jacksonville, FL 32256**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		5a. Date of Last Report		5. Certificate of Status Desired	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3242162		N/A		Applied For	
City & State		City & State		Not Applicable		8. Election Campaign Financing Trust Fund Contribution		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
Zip		Country		Zip		Country		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**Fred Elefant
1650 Prudential Drive, Suite 105
Jacksonville, FL 32207**

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 607.0503, Florida Statutes.

SIGNATURE: _____ (Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	Edward R. Mashek
STREET ADDRESS	8400 Baymeadows Way, #3
CITY - ST - ZIP	Jacksonville, FL 32256
TITLE	VP/S
NAME	Lorraine Andrews
STREET ADDRESS	8400 Baymeadows Way, #3
CITY - ST - ZIP	Jacksonville, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	900001443329
14 CITY - ST - ZIP	-03/29/95--01097--019
21 TITLE	****200.00 ****200.00 Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: X *Edward R. Mashek* 3/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)