

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

FILED

**May 27 1998 8:00am
Secretary of State**

| | | |
|--|---|---|
| PROFIT CORPORATION, ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P 94 0000 37805
 1. Corporation Name:
EL ↓ ASSOCIATES, INC

| | |
|---|--|
| Principal Place of Business: 8400 Baymeadows Way Suite 3 Jacksonville, FL 32256 | Mailing Address: 8400 Baymeadows Way Suite 3 Jacksonville FL 32256 |
|---|--|

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business: 21 1400 Baymeadows Way Suite, Apt. #, etc. 22 Suite 315 City & State: 23 Jacksonville FL Zip 24 32256 | 2a. Mailing Address: 26 1400 Baymeadows Way Suite, Apt. #, etc. 27 Suite 315 City & State: 28 Jacksonville FL Zip 29 32256 |
|--|---|

| | | |
|---|---------------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified 05/12/94 | 4. FEI Number 59-3242162 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

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

| | |
|---|--|
| 81 Name | 10. Name and Address of New Registered Agent |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL 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 _____ (NOTE: Registered Agent's signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|--|---------------------------------|
| TITLE P | <input type="checkbox"/> DELETE |
| NAME Mashek, Edward R. | |
| STREET ADDRESS 8400 Baymeadows Way, #3 | |
| CITY - ST - ZIP Jacksonville, FL 32256 | |
| TITLE VP/S | <input type="checkbox"/> DELETE |
| NAME Andrews, Lorraine | |
| STREET ADDRESS 8400 Baymeadows Way, #3 | |
| CITY - ST - ZIP Jacksonville, FL 32256 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 11 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | 1400 Baymeadows Way, #315 |
| 14 CITY - ST - ZIP | Jacksonville, FL 32256 |
| 21 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | 1400 Baymeadows Way, #315 |
| 24 CITY - ST - ZIP | Jacksonville, FL 32256 |
| 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 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 of a changed or on an attachment with an address.

SIGNATURE: **EGP Mashek** **4/28/98** **904 731 5902**

CR2E034 (10/97)