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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000037805**

1. Corporation Name
EL & ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 7400 BAYMEADOWS WAY #315
 JACKSONVILLE FL 32256
 US

Mailing Address
 7400 BAYMEADOWS WAY #315
 JACKSONVILLE FL 32256
 US

3. Date Incorporated or Qualified
05/12/1994

4. FEI Number
59-3242162

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 **8286 WESTERN WAY CIRCLE**

2a. Mailing Address
 26 **8286 WESTERN WAY CIRCLE**

Suite, Apt. #, etc.
 22 **C2-B** 27 **C2-B**

City & State
 23 **JACKSONVILLE, FL** 28 **JACKSONVILLE, FL**

Zip Country
 24 **32256** 25 **USA** 29 **32256** 30 **USA**

9. Name and Address of Current Registered Agent
ELEFANT, FRED
1650 PRUDENTIAL DR, 105
JACKSONVILLE FL 32207

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **P MASHEK, EDWARD R**
 STREET ADDRESS **7400 BAYMEADOWS WAY #315**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE DELETE
 NAME **VP/S ANDREWS, LORRAINE**
 STREET ADDRESS **7400 BAYMEADOWS WAY #315**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Change Addition
 1.2 NAME **P MASHEK, EDWARD R**
 1.3 STREET ADDRESS **8286 WESTERN WAY CIRCLE # C2-B**
 1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

2.1 TITLE Change Addition
 2.2 NAME **VP/S ANDREWS, LORRAINE**
 2.3 STREET ADDRESS **8286 WESTERN WAY CIRCLE # C2-B**
 2.4 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** **4/30/99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)