

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # P94000046137 (3)

1. Corporation Name

ELISE HOPE ENTERPRISES, INC.

95 MAY -1 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6572 N STATE RD 7
COCONUT CREEK FL 33073

Mailing Address

6572 N STATE RD 7
COCONUT CREEK FL 33073

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified
06/13/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

45-0511089

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 has liability for intangible tax under S. 193(1)(2)

Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BESSEN, ADAM L
900 N FEDERAL HWY, 380
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

DAVID SELZER

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

6572 N STATE RD 7

83

COCONUT CREEK FL 33073

84

City COCONUT CREEK

FL

85

Zip Code

33073

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

(If the corporation is not a corporation, the registered agent must sign.)

(If the corporation is a corporation, the registered agent must sign.)

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
BREWER, ELISE
6572 N STATE RD 7
COCONUT CREEK FL 33073

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

SEC TREAS
DAVID SELZER
6572 N STATE RD 7
COCONUT CREEK FL 33073

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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 193(2)(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:

(Signature and Print Name of Signing Officer or Director)

DAVID SELZER

4/10/95

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