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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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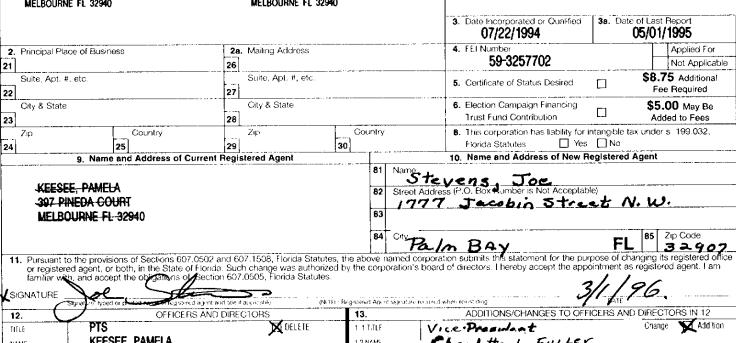
ELITE PLAY, INC.

DOCUMENT #

00- 00-504 0	\T		AAT DIME
Principal Place of	Business		Mailing Addres

397 PINEDA CT MELBOURNE FL 32940

397 PINEDA CT MELBOURNE FL 32940



SIGNATURE	Signal are typed or problem and size if acquire	⇒ ible (NOEE-Be	rgistered Agent Signature in	ecouncid when reast enging	11-1-10.	
12.	OFFICERS AND DIRECTOR	RS	13.	ADDITIONS/CHANGES TO OFF		
TITLE	PTS	DELETE	1 1 T.TLF	Vice-President	Change 1	Add tion
NAME	KEESEE, PAMELA	·	1.2 NAME	Charlotte L. FULLEY 360 BANANA Blud	•	
STREET ADDRESS	625 GREENWOOD MANOR CIRCLE		1.3 STREET ADDRESS	360 BANANA Blud		
CITY - \$1 - ZIP	W MELBOURNE FL		1.4 CITY - ST - ZIP	Mercit Island, F		
TITLE	V	☐ DEFELE	2 1 THTLE	President	Change	☐ Addition
NAME	STEVENS, JOE		2.2 NAME	Stevens Joe	•	
STREET AUDRESS	1777 JACOBIN ST, NW		2 3 STREET ADDRESS	1777 Jako bin ST. N.X	ن. -	}
CITY - ST - ZIP	PALM BAY FL		2.4 CiTY - ST - ZIP	PAIN BAY FI 3	2907	
TITLE		☐ DELETE	3 1 11TLE	•	Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			-
CITY-ST-ZIP			3.4 CHY - ST - ZIP			
TITLE		DELETE	4 1 TITLE		Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CHY-ST-ZIP			4.4 CITY - ST-ZIP			
1111.6		DELETE	5 1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5 4 CHTY - ST - ZIP			
TITLE		Defele	6 1 TITLE		Criange	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STHEET AUDRESS			
CITA- ST. ZIB			6.4 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 119.07(3)(k). 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 early 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

KSIGNATURE:

Daytime Phone #