

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000062112 (5)

1. Corporation Name
ELT CONSULTING SERVICE CORP.



Principal Place of Business: 141 SW 11 COURT BOCA RATON FL 33486
Mailing Address: 141 SW 11 COURT BOCA RATON FL 33486

3. Date Incorporated or Qualified: 08/19/1994
3a. Date of Last Report: 03/13/1995

2. Principal Place of Business: 21 122 SW 11 Court
22 Suite, Apt #, etc.
23 City & State: Boca Raton, FL
24 Zip: 33486
25 Country
26 Mailing Address: 122 SW 11 Court
27 Suite, Apt #, etc.
28 City & State: Boca Raton, FL
29 Zip: 33486
30 Country

4. FEI Number: 65-0517591
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. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
TOMFORDE, ERNEST L
141 SW 11 COURT
BOCA RATON FL 33486

10. Name and Address of New Registered Agent
81 Name: TOMFORDE, ERNEST L.
82 Street Address (P.O. Box Number is Not Acceptable): 122 SW 11 Court
83
84 City: Boca Raton FL 85 Zip Code: 33486

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	DELETE <input type="checkbox"/>	11 TITLE: PRESIDENT	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME: TOMFORDE, ERNEST L		12 NAME: TOMFORDE, ERNEST L.	
STREET ADDRESS: 141 SW 11 COURT		13 STREET ADDRESS: 122 SW 11 Ct	
CITY-ST-ZIP: BOCA RATON FL 33486		14 CITY-ST-ZIP: Boca Raton, FL 33486	
TITLE:	DELETE <input type="checkbox"/>	21 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		22 NAME:	
STREET ADDRESS:		23 STREET ADDRESS:	
CITY-ST-ZIP:		24 CITY-ST-ZIP:	
TITLE:	DELETE <input type="checkbox"/>	31 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		32 NAME:	
STREET ADDRESS:		33 STREET ADDRESS:	
CITY-ST-ZIP:		34 CITY-ST-ZIP:	
TITLE:	DELETE <input type="checkbox"/>	41 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		42 NAME:	
STREET ADDRESS:		43 STREET ADDRESS:	
CITY-ST-ZIP:		44 CITY-ST-ZIP:	
TITLE:	DELETE <input type="checkbox"/>	51 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY-ST-ZIP:		54 CITY-ST-ZIP:	
TITLE:	DELETE <input type="checkbox"/>	61 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY-ST-ZIP:		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 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *E.L.T.* ERNEST L. TOMFORDE 7-6-96 (561) 391-5843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Mo/Year Phone #

CR2E034 (3/96)