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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS								
1. Corporati	JMENT # <b>P94</b> On Name EL 2000/FLORIDA, INC.	1000067446 (	2)					
					I JACAHACI NYA JAWA BAJA ARAN ARAN K	1804 8800 8810 8210 8210 188	1 <b>8   8</b>   1   1   1   1   1   1   1   1   1	ll!
Principal Plac	ce of Business	Mailing Address				HANN ARMI ARMA RINA HAR		
342 SW 13TH AVE POMPANO BEACH FL 33069		342 SW 19TH AVE POMPANO BEACH I	342 SW 19TH AVE POMPANO BEACH FL 33069					
2. Principal F	Place of Business	22 H.T.			3. Date Incorporated or Qualified 09/12/1994	3a. Date of Last 05/01/		
21		2a. Mailing Address 26	Maling Address		4. FE! Number  APPLIED FOR	3315944	Applied For	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Not Applicable  5 Additional		
City & Stat	te	City & State				Fe	Required	_
23 Zip		28			<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>		00 May Be led to Fees	
24	Country 25	Zip <b>29</b>	Countr 30	у	8. This corporation has liability for	intangible tax under	s 199.032,	7
	9. Name and Address of Cu	rrent Registered Agent	[30]		Florida Statutes Yes  10. Name and Address of New F	No Registered Acent		_
CPAV	YLEY, ROBERT		81	Name		registered Agein		$\dashv$
	DISSTON AVE		82	82 Street Address (P.O. Box Number is Not Acceptable)				
	MONT FL 34711		83			· · · · · · · · · · · · · · · · · · ·		_
			84	City				
11. Pursuant	to the provisions of Scotions 607 o	S00 1007 1500 5	1	1		FL 85 2	ip Code	
or register familiar wi	red agent, or both, in the State of F th, and accept the obligations of S	lorida. Such change was authorize	s, the above- od by the corp	named corpoi xoration's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of changing its	registered office	ē
SIGNATURE *	KOBELT 1. CRA	Way ou What		wen	4	1/2.100	o agont. Lan	
12.	Signature, typed or printed name of registered a	gent and title if applicable (NOT	E: Registered Age	nt signature require	r when reinstating	27/96 DATE		
TITLE	PGM	OFFICERS AND DIRECTORS  M  DELETE		<b>_</b>	ADDITIONS/CHANGES TO OFFI		DRS IN 12	]શુ
NAME	CROWLEY, ROBERT		1. 1 TITLE 1.2 NAME			☐ Change	☐ Addition	
STREET ADDRESS	1407 DISSTON AVE		1.3 STREET	ADDRESS				CR2E034 (12/95)
CITY-ST-ZIP TITLE	CLERMONT FL 34711	Fig. Dr. Fre	1.4 CITY - S	T-ZIP				12 12 13 13 13 13 13 13 13 13 13 13 13 13 13
NAME .	CROWLEY, ELIZABETH	☐ DELETE	2 1 TITLE			☐ Change	Addition	ӧ
STREET ADDRESS	1407 DISSTON AVE		2.2 NAME 2.3 STREET	ADDRESS				
CITY-ST-ZIP	CLERMONT FL 34711		2.4 CITY-S					
TITLE NAME	☐ DELETE		3 1 TITLE			☐ Change	Addition	-
STREET ADDRESS			3.2 NAME				_	
CITY-S1-ZIP			3.3. STREET 3.4 CITY-S					
THILF		☐ DELETE	4. 1 THLE	-Zir		Change	Addition	┦
NAME STREET ADDRESS			4.2 NAME	1		oninge	☐ Modition	
CITY-ST-ZIP			4.3 STREET	1				
TITLE		DELETE	4.4 CITY - ST 5. 1 TITLE	- ZIP				
NAME			52 NAME		☐ Change ☐ Additio		☐ Addition	
STREET ADDRESS			5.3 STREET A	ADDRESS				
CITY-ST-ZIP TITLE		- Driver	5 4 CITY - ST	- ZIP				
NAME	☐ DELETE		6 1 TITLE			☐ Change	Addition	1
STREET ADDRESS			6.2 NAME 6.3 Street A	DDDECC				1
CHTY - ST - ZIP			64 CITY-ST					
<ol><li>I do hereby</li></ol>	certify that the information supplied	dissible blain films in and an in the						i

-ST-ZIP

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 cath; 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: POBLIT T. CROWLEY
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR