

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000076692 (0)**

1. Corporation Name

**RS ELMORE ENTERPRISES, INC.**



Principal Place of Business

Mailing Address

503 BONNIE BLVD.  
PALM HARBOR FL 34684

503 BONNIE BLVD.  
PALM HARBOR FL 34684

3. Date Incorporated or Qualified **10/17/1994** 3a. Date of Last Report **04/10/1995**

21	2. Principal Place of Business	2a	2a. Mailing Address	4	4. FEI Number	Applied For	
		26			<b>59-3275861</b>	Not Applicable	
22	Sube. Apt. #, etc	27	Suite, Apt. #, etc.	5	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
						<input type="checkbox"/> \$5.00 May Be Added to Fees	
23	City & State	28	City & State	6	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	
				8	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip	25	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DIMARCO, ROBERT F**  
**3440 EAST LAKE ROAD #104**  
**PALM HARBOR FL 34685**

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

**FL**

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 signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ELMORE, ROBERT</b>	1.2 NAME	<b>STEVEN M. FISCHER</b>
STREET ADDRESS	<b>503 BONNIE BLVD.</b>	1.3 STREET ADDRESS	<b>1752 Wellesley Circle #5</b>
CITY - ST - ZIP	<b>PALM HARBOR FL 34684</b>	1.4 CITY - ST - ZIP	<b>NAPLES FL 33999</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>JULIE A FISCHER Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ELMORE, SHIRLEY</b>	2.2 NAME	<b>1752 Wellesley Circle #5</b>
STREET ADDRESS	<b>503 BONNIE BLVD.</b>	2.3 STREET ADDRESS	<b>1752 Wellesley Circle #5</b>
CITY - ST - ZIP	<b>PALM HARBOR FL 34684</b>	2.4 CITY - ST - ZIP	<b>NAPLES FL 33999</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>ROBERT RYAN ELMORE</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>1209 BRUCE B DOWNS #120</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>TAMPA FL 33701</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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: *Shirley A. Elmore* Shirley A. Elmore 1/31/96 (813) 786-0076

CR2E034 (12/95)