## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 24 1997 8:00am

Secretary of State

(96/6)

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000076692 (0)

RS ELMORE ENTERPRISES, INC.

503 BONNIE BLVD. 503 BONNIE BLVD. PALM HARBOR FL 34684 PALM HARBOR FL 34684-3904 3. Date Incorporated or Qualified 3a. Date of Last Report 10/17/1994 03/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3275861 Not Applicable 26 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution П 23 28 Added to Fees Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, Yes X No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name DIMARCO, ROBERT F 3440 EAST LAKE ROAD #104 Street Address (P.O. Box Number is Not Acceptable) 82 PALM HARBOR FL 34685 83 84 City Zip Code 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 Signature Typest or pented name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE Addition 1 1 TITLE TITLE ROBERT RYAN ELMON **ELMORE, ROBERT** NAME 12 NAME 503 BONNIE BLVD. 13 STREET ADDRESS STREET ADDRESS 06062 PLAINVILLE CT PALM HARBOR FL 34684 CITY-ST-74P 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE ELMORE, SHIRLEY Steven M. Fischer NAME 22 NAME 1779-1 Reuven Circle 503 BONNIE BLVD. STREET ADDRESS 2.3 STREET ADORESS Naples, FL 34112 PALM HARBOR FL 34684 CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change DELETE Addition 3.1 TITLE TITLE FISCHER, STEVEN M. 3.2 NAME NAME 1779-1 Reuven CIRCLE 1752 WELLESLEY CIRCLE, #5 3.3 STREET ADDRESS STREET ADDRESS NAPLES, FL 34112 NAPLES FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 4.1 TITLE TITLE FISCHER, JULIE A. 4 2 NAME NAME 1752 WELLESLEY CIRCLE, #5 STREET ADDRESS 4.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 4.4 City-St-ZiP Change DELETE Addition 5.1 TITLE TITLE **ELMORE. ROBERT RYAN** NAM: 5.2 NAME 1209 BRUCE B. DOWNS, #1210 5.3 STREET ADDRESS STREET ADDRESS TAMPA FL 5.4 CITY - ST - ZIP CITY - ST - ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

appears in Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR DIRECTOR DIRECTOR DAY DELL'S DESCRIPTION DE DELL'S DELL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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