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Mar 16, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000076692

1. Corporation Name
RS ELMORE ENTERPRISES, INC.



Principal Place of Business 503 BONNIE BLVD PALM HARBOR FL 34684	Mailing Address 503 BONNIE BLVD. PALM HARBOR FL 34684
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3177 PRIDES CROSSING Suite, Apt #, etc.		2a. Mailing Address 26 3177 Prides Crossing Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/17/1994	
22		27		4. FEI Number 59-3275861	
23 TARPON SPRINGS, FL City & State		28 TARPON SPRINGS, FL City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 34689 25 USA Zip Country		29 34689 30 USA Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent ELMORE, SHIRLEY A. 503 BONNIE BLVD PALM HARBOR FL 34684				8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)	3177 PRIDE'S CROSSING		
83			
84 City	TARPON SPRINGS	85 Zip Code	FL 34689

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: *Shirley A. Elmore* **Shirley A. Elmore** **3/15/99**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELMORE, ROBERT	1.2 NAME	
STREET ADDRESS	503 BONNIE BLVD	1.3 STREET ADDRESS	3177 PRIDE'S CROSSING
CITY-ST-ZIP	PALM HARBOR FL 34684	1.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELMORE, SHIRLEY	2.2 NAME	
STREET ADDRESS	503 BONNIE BLVD.	2.3 STREET ADDRESS	3177 PRIDE'S CROSSING
CITY-ST-ZIP	PALM HARBOR FL 34684	2.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, STEVEN M.	3.2 NAME	
STREET ADDRESS	1779-1 REUVEN CIR	3.3 STREET ADDRESS	29546 MORWEN PLACE
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	WESLEY CHAPEL FL 33543
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, JULIE A.	4.2 NAME	
STREET ADDRESS	1779-1 REUVEN CIR	4.3 STREET ADDRESS	29546 MORWEN PLACE
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	Wesley Chapel FL 33543
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELMORE, ROBERT RYAN	5.2 NAME	
STREET ADDRESS	58 MAY ST	5.3 STREET ADDRESS	111 Mountain Rd
CITY-ST-ZIP	WORCESTER MA 01610	5.4 CITY-ST-ZIP	WINSTED, CT 06098
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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shirley A. Elmore* **Shirley A. Elmore** **3/15/99 (727) 786-0076**
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (1/98)