

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000085207 (6)

1. Corporation Name

ELLIOTT MARKETING GROUP, INC.

Principal Place of Business

501 NO. ORLANDO AVENUE STE. 313-189
WINTER PARK FL 32789

Mailing Address

501 NO. ORLANDO AVENUE STE. 313-189
WINTER PARK FL 32789-7313



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/01/1995

3a. Date of Last Report

01/23/1996

4. FEI Number

50-3283580

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

LEFKOWITZ, IVAN M
430 NO. MILLS AVENUE
ORLANDO FL 32803

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 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, 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	PSTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, KRISTA V		1.2 NAME	
STREET ADDRESS	501 NO. ORLANDO AVENUE STE. 313-189		1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789		1.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
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	
TITLE		<input type="checkbox"/> DELETE	7.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			7.2 NAME	
STREET ADDRESS			7.3 STREET ADDRESS	
CITY-ST-ZIP			7.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	8.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			8.2 NAME	
STREET ADDRESS			8.3 STREET ADDRESS	
CITY-ST-ZIP			8.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			9.2 NAME	
STREET ADDRESS			9.3 STREET ADDRESS	
CITY-ST-ZIP			9.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	10.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			10.2 NAME	
STREET ADDRESS			10.3 STREET ADDRESS	
CITY-ST-ZIP			10.4 CITY-ST-ZIP	

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-01/29/97--01053--015
***165.00

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

SIGNATURE: *Karen Vaughan Elliott, J.P. Registered*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97 407539-1193
Daytime Phone #

CR2E034 (9/96)