

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 # **P94000090204 (6)**

1. Corporation Name

ELIPRINTING, INC.



Principal Place of Business

**5353 ARLINGTON EXP SUITE 12-1
JACKSONVILLE FL 32211**

Mailing Address

**5353 ARLINGTON EXP SUITE 12-1
JACKSONVILLE FL 32211**

3. Date Incorporated or Qualified

01/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LESLIE, ELI Y
5353 ARLINGTON EXP SUITE 12-1
JACKSONVILLE FL 32211**

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 of person named as registered agent (Print name)

(Print Registered Agent's signature, if not a state resident)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D LESLIE, ELI Y**
STREET ADDRESS **5353 ARLINGTON EXP SUITE 12-1**
CITY - ST - ZIP **JACKSONVILLE FL 32211**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ DELETE
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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

6.2 NAME

7.3 STREET ADDRESS

8.4 CITY - ST - ZIP

9.1 TITLE ☐ Change ☐ Addition

10.2 NAME

11.3 STREET ADDRESS

12.4 CITY - ST - ZIP

13.1 TITLE ☐ Change ☐ Addition

14.2 NAME

15.3 STREET ADDRESS

16.4 CITY - ST - ZIP

17.1 TITLE ☐ Change ☐ Addition

18.2 NAME

19.3 STREET ADDRESS

20.4 CITY - ST - ZIP

21.1 TITLE ☐ Change ☐ Addition

22.2 NAME

23.3 STREET ADDRESS

24.4 CITY - ST - ZIP

25.1 TITLE ☐ Change ☐ Addition

26.2 NAME

27.3 STREET ADDRESS

28.4 CITY - ST - ZIP

29.1 TITLE ☐ Change ☐ Addition

30.2 NAME

31.3 STREET ADDRESS

32.4 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:

Eli Y. Leslie

ELI Y. LESLIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/96

904-745-0549

CR2E034 (12/95)