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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000003485** (6)

ELITE AUDIT SERVICES INC. Principal Place of Business Mailing Address 200 ST. ANDREWS BLVD. P.O. BOX 1644 GOLDENROD FL 32733-1644 SUITE 1808 DO NOT WRITE IN THIS SPACE WINTER PARK FL 32782 3. Date Incorporated or Qualified 01/11/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3291605 Not Applicable 26 Suite, Apt. #, etc. Suito, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CLEARY, DANIEL 200 ST. ANDREWS BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 1806 83 WINTER PARK FL 32792 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, typod or printed name of registered agent and title it applicable CR2E034 (10/97 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE ☐ Change ☐ Addition CLEARY, DANIEL NAME 1.2 NAME 200 ST ANDREWS BOULEVARD #1808 STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME 3.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 3.4. DITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 61 TITLE NAME 6.2 NAME

14. Thereby 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.

**63 STREET ADDRESS** 

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daniel Clear

1489

**FILED** 

May 13 1998 8:00am

Secretary of State