

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90239 019 \*\*\*150.00

DOCUMENT # P95000003485

1. Corporation Name  
ELITE AUDIT SERVICES INC.

Principal Place of Business  
200 ST. ANDREWS BLVD.  
SUITE 1806  
WINTER PARK FL 32792

Mailing Address  
P.O. BOX 1644  
GOLDENROD FL 32733-1644

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1995

4. FEI Number

59-3291605

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 133 LEWFIELD CIRCLE

2a. Mailing Address

26 P.O. BOX 1644

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 WINTER PARK FL 32792

City & State

28 GOLDEN ROD FL

Zip

24 32792

Country

25 U.S.

Zip

29 32733-1644

Country

30 U.S.

9. Name and Address of Current Registered Agent

CLEARY, DANIEL  
200 ST. ANDREWS BLVD.  
SUITE 1806  
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name

CLEARY, DANIEL

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

133 LEWFIELD CIRCLE

83

84 City

WINTER PARK

FL

85 Zip Code

32792

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

TITLE PT ☐ DELETE  
NAME CLEARY, DANIEL  
STREET ADDRESS 200 ST ANDREWS BOULEVARD #1806  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
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 PT ☒ Change ☐ Addition  
1.2 NAME CLEARY, DANIEL  
1.3 STREET ADDRESS 133 LEWFIELD CIRCLE  
1.4 CITY-ST-ZIP WINTER PARK, FL 32792

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Daniel Cleary* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

Date

407-673-6490

Daytime Phone #

CR2E034 (11/98)