

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 # P95000006485 (3)

1. Corporation Name

ELITE CUSTODIAL, INC.



Principal Place of Business: 4425 EMERSON ST JACKSONVILLE FL 32207
Mailing Address: 4425 EMERSON ST JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: 01/25/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 59 328 9845
Applied For: Not Applicable
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

2. Principal Place of Business: [Blank]
2a. Mailing Address: [Blank]
21. Suite, Apt #, etc.: [Blank]
22. City & State: [Blank]
23. Zip: [Blank] Country: [Blank]
24. Zip: [Blank] Country: [Blank]

9. Name and Address of Current Registered Agent
PODZAMSKY, JOHN M
4425 EMERSON ST
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
81. Name: [Blank]
82. Street Address (P.O. Box Number is Not Acceptable): [Blank]
83. [Blank]
84. City: [Blank] FL 85. Zip Code: [Blank]

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 for business 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 607.0502, Florida Statutes.

SIGNATURE: [Signature] DATE: 4-18-96

12. OFFICERS AND DIRECTORS
1. TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] [] DELETE
2. TITLE: [Blank] NAME: JOHN W. PODZAMSKY PRES 1710 WELLES RD #928 CRANFORD PARK, FL 32073 [] DELETE
3. TITLE: [Blank] NAME: MARGARET L. SHEPHERD 4815 MAID MARION LN JACKSONVILLE FL 32210 [] DELETE
4. TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] [] DELETE
5. TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. 1. TITLE: [Blank] [] Change [] Addition
1.2 NAME: [Blank]
1.3 STREET ADDRESS: [Blank]
1.4 CITY-ST-ZIP: [Blank]
2. 2. TITLE: [Blank] [] Change [] Addition
2.2 NAME: [Blank]
2.3 STREET ADDRESS: [Blank]
2.4 CITY-ST-ZIP: [Blank]
3. 3. TITLE: [Blank] [] Change [] Addition
3.2 NAME: [Blank]
3.3 STREET ADDRESS: [Blank]
3.4 CITY-ST-ZIP: [Blank]
4. 4.1 TITLE: [Blank] [] Change [] Addition
4.2 NAME: [Blank]
4.3 STREET ADDRESS: [Blank]
4.4 CITY-ST-ZIP: [Blank]
5. 5.1 TITLE: [Blank] [] Change [] Addition
5.2 NAME: [Blank]
5.3 STREET ADDRESS: [Blank]
5.4 CITY-ST-ZIP: [Blank]
6. 6.1 TITLE: [Blank] [] Change [] Addition
6.2 NAME: [Blank]
6.3 STREET ADDRESS: [Blank]
6.4 CITY-ST-ZIP: [Blank]

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 in an attachment with an address.

SIGNATURE: [Signature] DATE: 4-18-96 DAYTIME PHONE #: 904.390.1761

CR2E034 (12/95)