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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 23 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000007308 (6)

ELC 3, INC.								
Principal Place	e of Business	Mailing Address			- I HARAFARA NO FAMAL BITAL BRANC BANK BANK BANK		# 1111 <b>1111</b>	HI(1 HII)
1406 CHAMBER LAKE WALES FI		1406 CHAMBERLAIN LO LAKE WALES FL 33853						
					3. Date Incorporated or Qualified 01/27/1995	3a. Date 05/01/		eport
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	السينسانيسيل.	Applied For	
21		26			59-3293271			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	е	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zıp	<b>├</b> ~ŋ	untry	8. This corporation has liability for i		x under s.	
24	25 9. Name and Address of Curre	29 Agent	30	1	Florida Statutes Name and Address of New R6			
1406	ARD L. COTTING, III CHAMPBERLAIN LOOP E WALES FL 33853			83	ress (P.O. Box Number is Not Acceptab			
				84 City		FL <sup>'</sup>	85 Zip (	Code
agent La SIGNATURE	Signature, lyped or printed name of registered ag			tutes.	poration submits this statement for the p tion's board of directors. I hereby accep (red when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE		
TILE	P OFFICERS AIN	DELETE	1.11	ITLE	ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	COTTING, EDWARD L		1.2 M	AME			,	_
STREET ADDRESS	1406 CHAMBERLAIN LOOP LAKE WALES FL 33856			TREET ADDRESS				
City-S1-ZIP Title	LANE WALES FL 33030	DELETE	2.1 7	ITY-ST-ZIP			Change	Addition
NAME		<u></u>	2.2 h					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS				TREET ADDRESS				
CITY - ST - ZIP			2.41	CITY-ST-ZIP				
TOLE		☐ DELETE	317	ITLE			Change	Addition
NAML			3.2 N	AME				
STREET ADDRESS			3.3 9	TREET ADDRESS				
CITY-S1-ZP		DELETE		CITY - ST - ZIP			1.05-000	Addition
THLE		F" DEFEIE	4.1 7			L.	] Change	Addition
NAME Cross aborred				NAME Treet address				
STREET ADDRESS			1	ITY-ST-ZIP				
CHY-ST-7IP THLE		DELETE	5.11				Change	Addition
NAME			5.2 h	ľ		<del></del>	-	
STREET ADDRESS			1	TREET ADDRESS				
CITY-\$1-70P			5.4 (	ITY-ST-ZIP				
TOLE		DELETE	6.1 T	ITLE			Change	Addition
NAME			62 N	AME				
STREET ADDRESS			635	TREET ADDRESS				
CITY -ST - 7-P				ITY-ST-ZIP				
informatio Lam an ol	on indicated on this annual report or	supplemental annual report or the receiver or trustee emi	is true and powered to	accurate and that	d in Section 119.07(3)(i), Florida Statutes t my signature shall have the same lega rt as required by Chapter 607, Florida S	l effect as if	made und	der oath; tha