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Jan 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthorn
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000013597 (6)

1. Corporation Name
ELBIE, INC.



Principal Place of Business
2385 ARCH CREEK DRIVE
NORTH MIAMI FL 33181

Mailing Address
2385 ARCH CREEK DRIVE
NORTH MIAMI FL 33181-2214

3. Date Incorporated or Qualified: 02/17/1995
3a. Date of Last Report: 07/02/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: 65-0539648
Applied For: Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

23. Zip

Country

28. Zip

Country

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

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABOURIZK, CLAIRE
2385 ARCH CREEK DRIVE
NORTH MIAMI FL 33181

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, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DELETE
NAME: D ABOURIZK, CLAIRE
STREET ADDRESS: % 2385 ARCH CREEK DRIVE
CITY-ST-ZIP: NORTH MIAMI FL 33181

1.1 TITLE: Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE: DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE: DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE: DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE: DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE: DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE: Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Claire E. Abourizk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/1997 448-5514
Date Day/Mo/Year Filing #

CR2E034 (9/96)