


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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000017487 (6)					
1. Corporation Name ELISE ENTERPRISES CORPORATION					
Principal Place of Business 4844 N. MAIN ST. JACKSONVILLE FL 32206			Mailing Address 321 GREENCASTLE DR. JACKSONVILLE FL 32225-0510		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/03/1995	
21		26		3a. Date of Last Report 09/17/1996	
22 State, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-3300167	
23 City & State		28 City & State		Applied For Not Applicable	
24 Zip		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MOURO, BARBARA 321 GREENCASTLE DR. JACKSONVILLE FL 32225			10. Name and Address of New Registered Agent		
			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 and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
NAME P MOURO, BARBARA					
STREET ADDRESS 321 GREENCASTLE DR.					
CITY-ST-ZIP JACKSONVILLE FL 32225					
1.2 TITLE <input type="checkbox"/> DELETE					
NAME S MOURO, WILLIAM S					
STREET ADDRESS 321 GREENCASTLE DR.					
CITY-ST-ZIP JACKSONVILLE FL 32225					
1.3 TITLE <input type="checkbox"/> DELETE					
NAME VP MOURO, THOMAS J					
STREET ADDRESS 7163 MELVIN RD.					
CITY-ST-ZIP JACKSONVILLE FL 32210					
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2. 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 included 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, unchanged, or on an attachment with an address.					
SIGNATURE: <i>Barbara Mouro</i> 4-21-97 (904) 727-6025					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)