

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000017487 (6)
1. Corporation Name
ELISE ENTERPRISES CORPORATION

Principal Place of Business
4644 N MAIN ST.
JACKSONVILLE FL 32206

Mailing Address
321 GREENCASTLE DR.
JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/03/1995	4. FEI Number 59-3300167	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 4644 N Main St. Suite, Apt. #, etc. 22 City & State 23 JAX FL Zip 24 32206 Country 25 FL	2a. Mailing Address 26 321 Greencastle Dr. Suite, Apt. #, etc. 27 JAX City & State 28 JAX FL Zip 29 32225 Country 30 FL
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MOURO, BARBARA
321 GREENCASTLE DR.
JACKSONVILLE FL 32225

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *Barbara Moura*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 7-10-98

12. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	MOURO, BARBARA		
STREET ADDRESS	321 GREENCASTLE DR.		
CITY-ST-ZIP	JACKSONVILLE FL 32225		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	MOURO, WILLIAM S		
STREET ADDRESS	321 GREENCASTLE DR.		
CITY-ST-ZIP	JACKSONVILLE FL 32225		
TITLE	VP	<input type="checkbox"/> DELETE	
NAME	MOURO, THOMAS J		
STREET ADDRESS	7163 MELVIN RD.		
CITY-ST-ZIP	JACKSONVILLE FL 32210		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	Thomas J. Moura		
1.3 STREET ADDRESS	7163 Melvin Rd		
1.4 CITY-ST-ZIP	JAX, FL 32210		
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	Barbara Moura		
2.3 STREET ADDRESS	321 Greencastle Dr.		
2.4 CITY-ST-ZIP	JAX, FL 32225		
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	William S. Moura		
3.3 STREET ADDRESS	321 Greencastle Dr.		
3.4 CITY-ST-ZIP	JAX, FL 32225		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	800002604058		
5.3 STREET ADDRESS	-07/31/98--01040--045		
5.4 CITY-ST-ZIP	***150.00		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Barbara Moura*

7-10-98 (904) 927-6095

CR2E034 (5/98)

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Please be advised I never
received 1st Notice.

Barbara D. Mow