

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000020822 (9)

1. Corporation Name
ELIAS BROTHERS, INC.

Principal Place of Business	Mailing Address
4206 ENTERPRISE AVENUE STE. A-7 NAPLES FL 34104-7006	4206 ENTERPRISE AVENUE STE. A-7 NAPLES FL 34104-7006

		3. Date Incorporated or Qualified 03/10/1995		3a. Date of Last Report 05/01/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21		26		65-0567911	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
				Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip 34104	25	Country	29	Zip 34104
				30	Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ELIAS, RONI 4206 ENTERPRISE AVENUE STE. A-7 NAPLES FL 33942	81	Name	
	82	Street Address (P.O. Box Number is Not Acceptable)	
	83		
	84	City	85

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 title if applicable

(NOTE: Registered Agent signature required when reestablishing)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VICE - PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIAS, RONI	1.2 NAME	
STREET ADDRESS	4206 ENTERPRISE AVENUE STE. A-7	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33942 34104	1.4 CITY - ST - ZIP	34104
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELI-AV, MIRYAM	2.2 NAME	
STREET ADDRESS	4206 ENTERPRISE AVENUE STE. A-7	2.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33942	2.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELI-AV, URI D	3.2 NAME	
STREET ADDRESS	4206 ENTERPRISE AVENUE UNIT A-7	3.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33942 34104	3.4 CITY - ST - ZIP	34104
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TREASURER/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	ALICE, MEIR
STREET ADDRESS		4.3 STREET ADDRESS	4206 ENTERPRISE AVENUE UNIT A-7
CITY - ST - ZIP		4.4 CITY - ST - ZIP	NAPLES, FL. 34104
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 23, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

CR2E034 (9/96)