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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000020822 (9)

FILED Mar 24 1998 8:00am Secretary of State

ELIAS BROTHERS, INC. Principal Place of Business Mailing Address 4206 ENTERPRISE AVENUE STE. A-7 4206 ENTERPRISE AVENUE STE. A-7 NAPLES FL 34104 NAPLES FL 33942 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/10/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 65-0567911 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible 34014 X Yes Personal Property Tax due June 30. 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **ELIAS, RONI** 4206 ENTERPRISE AVENUE STE. A-7 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33942 83 84 Zip Code 34014 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 trin if applicable (NOTE: Registered Agent algnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12, 13. DELETE Addition Change TITLE 1.1 TITLE **ELIAS, RONI** NAME 1.2 NAME 4206 ENTERPRISE AVENUE STE. A-7 STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE ☐ DELETE 2.1 TITLE Secretary Change Addition MEIR, ALICE 2.2 NAME 4208 ENTERPRISE AVENUE STE. A-7 2.3 STREET ADDRESS STREET ADDRESS NAPLES FL 34014 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE PD ELI-AV, URI D NAME 32 NAME 4206 ENTERPRISE AVENUE UNIT A-7 STREET ADDRESS 3.3 STREET ADDRESS NAPLES FL 34104 3.4. CITY-ST-ZIP CITY-ST-ZIP Treasurer ☐ Change DELETE 4.1 TITLE Addition TITLE Alias, Aviel NAME 4. 2 NAME 4206 Enterprise Avenue Suite A-7 STREET ADDRESS 4.3 STREET ADDRESS Naples, Florida 34104 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 5.1 TITLE Director TITLE 5.2 NAME George B. Rice NAME 5.3 STREET ADDRESS 4206 Enterpise Avenue Suite A-7 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Naples, Florida 34104 ☐ Change DELETE 6.1 TITLE Addition TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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: MENT OCC

3/13/92 94-47-0094