FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000030886 (2)**

1. Corporation Name

ELLIOTT UNLIMITED, INC.

Principal Place of Business	Mailing Address
7601 EAST TREASURE DRIVE SUITE 1920 NORTHBAY VILLAGE FL 33141	7601 EAST TREASURE DRIVE SUITE 1920 NORTHBAY VILLAGE FL 33141

3. Date Incorporated or Qualified: **04/17/1995** | 3a. Date of Last Report:

4. FEI Number: **65-0573891** | Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

ELLIOTT, DENNIS P
7601 EAST TREASURE DRIVE
SUITE 1920
NORTHBAY VILLAGE FL 33141

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 Section 607.0505 and 617.1505, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	DENNIS P. ELLIOTT	52 NAME	
STREET ADDRESS	7601 E. TREASURE DR., SUITE 1920	53 STREET ADDRESS	
CITY-ST-ZIP	NORTHBAY Village, FL 33141	54 CITY-ST-ZIP	
TITLE	SECRETARY - TREASURER ☐ DELETE	55 TITLE	☐ Change ☐ Addition
NAME	MELODY E. ELLIOTT	56 NAME	
STREET ADDRESS	7601 E. TREASURE DR., SUITE 1920	57 STREET ADDRESS	
CITY-ST-ZIP	NORTHBAY Village, FL 33141	58 CITY-ST-ZIP	
TITLE	☐ DELETE	59 TITLE	☐ Change ☐ Addition
NAME		60 NAME	
STREET ADDRESS		61 STREET ADDRESS	
CITY-ST-ZIP		62 CITY-ST-ZIP	
TITLE	☐ DELETE	63 TITLE	☐ Change ☐ Addition
NAME		64 NAME	
STREET ADDRESS		65 STREET ADDRESS	
CITY-ST-ZIP		66 CITY-ST-ZIP	
TITLE	☐ DELETE	67 TITLE	☐ Change ☐ Addition
NAME		68 NAME	
STREET ADDRESS		69 STREET ADDRESS	
CITY-ST-ZIP		70 CITY-ST-ZIP	
TITLE	☐ DELETE	71 TITLE	☐ Change ☐ Addition
NAME		72 NAME	
STREET ADDRESS		73 STREET ADDRESS	
CITY-ST-ZIP		74 CITY-ST-ZIP	

14. I do hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 added.

SIGNATURE: _____ PRESIDENT 4/6/96 (305) 867-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E034 (12/95)