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May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000030886 (2)

1. Corporation Name

ELLIOTT UNLIMITED, INC.



Principal Place of Business

7801 EAST TREASURE DRIVE
SUITE 1920
NORTHBAY VILLAGE FL 33141

Mailing Address

7801 EAST TREASURE DRIVE
SUITE 1920
NORTHBAY VILLAGE FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 915 NE 96th ST.

Suite, Apt. #, etc.

22 City & State

23 MIAMI SHORES, FLORIDA

24 Zip

25 Country

24 33138-2523

25 USA

2a. Mailing Address

26 915 NE 96th ST

Suite, Apt. #, etc.

27 City & State

28 MIAMI SHORES, FLORIDA

29 Zip

30 Country

29 33138-2523

30 USA

9. Name and Address of Current Registered Agent

ELLIOTT, DENNIS P
7801 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)

915 NE 96th ST

83

84 City

MIAMI SHORES

FL

85 Zip Code

33138-2523

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME DENNIS P. ELLIOTT
STREET ADDRESS 7801 E. TREASURE DR. SUITE 1920
CITY-ST-ZIP NORTH BAY VILLAGE FL

TITLE ST
NAME MELODY E. ELLIOTT
STREET ADDRESS 7801 E. TREASURE DR. SUITE 1920
CITY-ST-ZIP NORTH BAY VILLAGE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 915 NE 96th ST
1.4 CITY-ST-ZIP MIAMI SHORES, FLORIDA 33138-2523

2.1 TITLE
2.2 NAME MELODY E. ELLIOTT
2.3 STREET ADDRESS 915 NE 96th ST
2.4 CITY-ST-ZIP MIAMI SHORES, FLORIDA 33138-2523

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 appointment with an address.

SIGNATURE:

[Signature]

DENNIS P ELLIOTT - PRESIDENT 1/19/98 (305) 758-8006

CR2E034 (10/97)