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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000039290 (8)**

1. Corporation Name  
**ELLINGTON GROUP, INC.**

Principal Place of Business <b>10010 U.S. 19 PORT RICHEY FL 34688</b>	Mailing Address <b>10010 U.S. 19 PORT RICHEY FL 34688-3741</b>
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3. Date Incorporated or Qualified <b>05/17/1995</b>	3a. Date of Last Report <b>04/23/1996</b>
4. FEI Number <b>58332873</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>FRANK, JOHN P JR 10010 U.S. HIGHWAY 19 PORT RICHEY FL 34688</b>	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK, JOHN P	1.2 NAME	
STREET ADDRESS	10010 US HWY 19	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 34688	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMPTON, WILLIAM J	2.2 NAME	
STREET ADDRESS	28059 US 19 N #203	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, LOIS E	3.2 NAME	
STREET ADDRESS	8067 OLEANDER AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 34653	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUDGE, TONI D	4.2 NAME	
STREET ADDRESS	4 BRIGHTWATERS CIR. NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33704	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>SEARS, RICHARD F</del>	5.2 NAME	
STREET ADDRESS	<del>5011 GARDINE CT.</del>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<del>N PORT RICHEY FL 34655</del>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosemarie Nasso	6.2 NAME	
STREET ADDRESS	9901 Hermosillo Dr.	6.3 STREET ADDRESS	
CITY-ST-ZIP	New Port Richey, FL 34655	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 13 if changed, or on an attachment with an address.

SIGNATURE: Rosemarie Nasso (Director) 2/9/97 (83) 848-2121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)