## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000039404 (5)

204 PARK LAKE STREET

ORLANDO FL 32803

MCELHA'	iton's Masonry, in	IC.	I TERMINAN INA NEMINI ERIM ERIM ERIM ERIM ERIM ERIM ERIM ERI				
Principal Place of Business		Mailing Address		- i ndomody are idandi osani denis bohin bohin edilad tane joki dilah eesii didi			
C/O THOMAS F 204 PARK LAKE ORLANDO FL 32	STREET	C/O THOMAS F. EGAN. P.A. 204 PARK LAKE STREET ORLANDO FL 32803		DO NOT WRITE IN THIS SPACE			
VIII III III III III III III III III II		Ollowoo VE	<b>V2</b>	3. Date Incorporated or Qualified 05/17/1995			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For		
21		26		58-2323349	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Ζφ <b>29</b>	Country 30	This corporation owes or has paid the cu     Personal Property Tax due June 30.	rrent year Intangible		
	9. Name and Address of Co	urrent Registered Agent	10. Name and Address of New Registered Agent				
FOAR	THOMAS E		81 Name	1			

			84 City	FL	<b>85</b> Zip (	Code				
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 bein, 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, appreciately the observation 607.0505, Florida Statutes.  SIGNATURE										
Signature: typed or poster trace of rejet recision of the largest radiated (NOTE Begintered Agent signature required when reinstating)  DATE										
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND						
TITLE	PS	□ DEFFTE	1.1 TITLE		Change	Addition				
NAME	MCELHATTON, ANTHONY G		1.2 NAME							
STREET ADDRESS	56 EAST PINE STREET STE 300		1.3 STREET ADDRESS							
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY - ST - ZIP							
TITLE	¨ <b>V</b> T	DELETE	2.1 Trīle	· [	Change	Addition				
NAME	MCELHATTON, PETER JOHN		2 2 NAME							
STREET ADDRESS	56 EAST PINE STREET STE 300		2.3 STREET ADDRESS							
CITY-ST-ZIP	ORLANDO FL 32801		2 4 CITY-ST-ZIP	***						
TITLE		DEFELE	31 TITLE	·	Change	☐ Addition				
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP			3.4. CITY - ST - ZIP							
TITLE		DELETE	4.1 TITLE		Change	Addition				
NAME			4 2 NAME			i				
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-ST-ZIP							
TITLE		DELETE	5.1 TITLE		Change	Addition				
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-7IP			54 CITY-ST-ZIP							
TITLE	<del></del>	DELETE	6 1 TITLE		Change	Addition				
NAME			62 NAME							
STREET ADDRESS			6 3 STHEET ADDRESS							
CITY-ST-ZIP			6.4 CITY-ST-ZIP							

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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 armual report of suppliemental armual 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 of the recovery struct of empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attribute 1 way an address

SIGNATURE:

Street Address (P.O. Box Number is Not Acceptable)

eb 03 - 98 405:466-4044

**FILED** 

Feb 17 1998 8:00am

Secretary of State