

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 03 1997 8:00am
Secretary of State

DOCUMENT # **P95000049796 (2)**

1. Corporation Name
ELITE INFORMATIONAL & INVESTIGATION SERVICES INC



Principal Place of Business
**1504 SE ROYAL GREEN CIR
APT C104
PORT ST. LUCIE FL 34952**

Mailing Address
**P O BOX 7576
PORT ST. LUCIE FL 34985-7576**

3. Date Incorporated or Qualified 06/23/1995	3a. Date of Last Report 11/12/1996
4. FEI Number APPLIED FOR 113328053	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CALLAHAN, RAYMOND F
1504 SE ROYAL GREEN CIR
C104
PORT ST. LUCIE FL 34952**

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 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 type for printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **CALLAHAN, RAYMOND F SR**
STREET ADDRESS **1504 SE ROYAL GREEN CIR., APT C104**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **VP** ☐ DELETE
NAME **CALLAHAN, KATHLEEN P**
STREET ADDRESS **1504 SE ROYAL GREEN CIR., APT C104**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **T** ☐ DELETE
NAME **CALLAHAN, RAYMOND F JR**
STREET ADDRESS **1504 SE ROYAL GREEN CIR., APT C104**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **S** ☐ DELETE
NAME **CALLAHAN, ROSEANN B**
STREET ADDRESS **1504 SE ROYAL GREEN CIR., APT C104**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: **Kathleen P Callahan** **KATHLEEN P CALLAHAN** **2/1/97** **561-398-9004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)