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 # P95000052099 (5)

1. Corporation Name

ELLIE'S BEACH HOUSE, INC.

Principal Place of Business

1915 NORTH DALE MABRY
SUITE 201
TAMPA FL 33607

Mailing Address

1915 NORTH DALE MABRY
SUITE 201
TAMPA FL 33607

3. Date Incorporated or Qualified: 06/30/1995

3a. Date of Last Report: This is FIRST REPORT

4. FEI Number: 59-3384582 — ☐ 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: 21 1408 N. AUSTIN CTR. - WESTSHORE BLVD
Suite, Apt. #, etc.: 22 906
City & State: 23 TAMPA FL.
Zip: 24 33607 Country: 25 USA.

2a. Mailing Address: 26 AUSTIN CTR. 1408 N. WESTSHORE BLVD.
Suite, Apt. #, etc.: 27 906
City & State: 28 TAMPA FL.
Zip: 29 33607 Country: 30 USA

9. Name and Address of Current Registered Agent

SIERRA, MICHAEL ESQ.
100 SOUTH ASHLEY DRIVE
SUITE 1250
TAMPA FL 33602

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	GONZALEZ, ELEANOR	
STREET ADDRESS	1915 NORTH DALE MABRY, #201	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Austin Center - Suite 906	
1.3 STREET ADDRESS	1408 N. Westshore Blvd.	
1.4 CITY-ST-ZIP	~~Tampa, Fl. 33607~~	
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		

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***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Eleanor Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELEANOR GONZALEZ

Date: 6/2/96

Daytime Phone #: 813-289-4044

CR2E034 (12/95)