PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000058678 1. Corporation Name

ELOPIDA ARROR INC.

Principal	Place of	Business

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90025 050 ***150.00

FEORIDA	Angon, mo	_					
Principal Place	of Business	Mailing Add	iress				
5930 LENOX AVE		5930 LENOX					
JACKSONVILLE F		JACKSONVIL	LE FL 32205				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
							07/28/1995
		a Mailing	Address	·	_		4. FEI Number Applied For
2. Principal Pla	ice of Business	2a. Mailing	Address				59-3329788 Not Applicable
21		26 Suite A	Apt. #, etc.	_			\$8.75 Additional
Suite, Apt. #	t, etc.		τρι. π , οιο.				5. Certificate of Status Desired Fee Required
22		27 City & S	State				6. Election Campaign Financing 55.00 May Be
City & State		28					Trust Fund Contribution Added to Fees
23	Country	Zip		Cour	ntry		8. This corporation owes the current year Intangible
Zip		29	[30			Personal Property Tax.
24	25 9. Name and Address of Curre			 1			10. Name and Address of New Registered Agent
	9. Maille and Address of Curre		-		81	Name	
F&I (CORP.				90	Ctroot Au	ddress (P.O. Box Number is Not Acceptable)
	AURA STREET				82	Sueet Au	adicas (r. 10. Dox 11dillas), is 11111111111111111111111111111111111
	SONVILLE FL 32202				83	-	
UNOIN							85 Zip Code
	•				84		orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
agent. I ar	egistered agent, or both, in the State in familiar with, and accept the oblig	audits of, Occion	1001.00001.10				orporation submits this statement to the purpose of carriagning to attend attends to be appointment as registered DATE DATE
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		☐ DELETE	1.1 10	TLE		
NAME	FREE, JAMES L			1.2 N	AME		
STREET ADDRESS	5836 RICHARD STREET			1.3 \$	TREET	TADORESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216			1.4 C	ΠY-S	T-ZIP	Change Addition
TITLE	<u></u>		☐ DELETE	2.1 TI	TLE		Change Addition
NAME				2.2 N	AME		
STREET ADDRESS				2.3 S	TREE	T ADDRESS	
				2.40	OTY-S	ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP TITLE			☐ DELETE	3.1 TI	ITLE		
NAME				3.2 N	IAME		
STREET ADDRESS				3.3 S	TREE	T ADDRESS	
1				3.4. 0	CITY-S	ST-ZIP	DO: DAddiion
CITY-ST-ZIP TITLE			☐ DELETE	4.1 T	TLE		☐ Change ☐ Addition
1				4.21	NAME		
NAME STREET ADDRESS				4.3 5	TREE	TADDRESS	
1				4.4 0	OITY-S	ST-ZIP	F7.01 F7.4.000
CITY-ST-ZIP	 		DELETE	5.1 T	TITLE		Change Addition
1				5.21	NAME		
NAME	ļ			5.3 8	STREE	ET ADDRESS	
STREET ADDRESS	5]			5.4 (CITY-	ST-ZIP	
CITY-ST-ZIP			☐ DELETE		TITLE		Change Addition
TITLE	.,, .			6.21	NAME		
NAME				6.3	STREE	ET ADDRESS	
STREET ADDRESS	s · · ·			1	0.TD.	ar 310	

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 attachment with an address, with all other like empowered. CITY-ST-ZIP