Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90066 004 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000064362

1. Corporation Name

Principal Place of Business

ELITE INFORMATION AND INVESTIGATIONS, INC.

2045 E BAY DRIVE APT 406 LARGO FL 33771 US 2. Principal Place of Business		1901 17 W BAY DRIVE SUIET 210 LARGO FL 34640 US				DO NOT WRITE I 3. Date Incorporated or Qualifed 08/21/1995 4. FEI Number	N THIS S		Applied For Not Applicable]
21		Suita Ant # ata				59-3332677				-
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired				
City & State		City & State	28			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country 25	Zip 3				This corporation owes the current Personal Property Tax.	•	ngible Yes	₩ N0	
9. Name and Address of Current Registered Agent						10. Name and Address of New Regi	stered A	gent		_
		,		81	Name					
	rta, Thomas Jr. East Bay Drive #406				Street Addre	s (P.O. Box Number is Not Acceptable)				1
	E 210	·	83					.,,	1	
LARG	GO FL 33771				City		FL	85 Zi	p Code	1
office or re agent. I ar SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of in familiar with, and accept the obligation Signature, typed or printed name of registered agent is	Florida. Such change was autions of, Section 607.0505, Florid	horized la Stati	i by t utes.	the corporation	oration submits this statement for the pur n's board of directors. I hereby accept th	pose of ci e appoint	hanging ment as	its registered registered	
	OFFICERS AND		13.	Agent	. signstore required	ADDITIONS/CHANGES TO OFFICE		DIRECT	TORS IN 12	8
12.		DELETE	1.1 TITLE			ADDITIONS/OFFARGES TO OFF TO		☐ Change		1 =
TITLE	PT TUOMAS ID		1.2 NAME						_	1
NAME	VISERTA, THOMAS JR.		1.3 STREET ADDRESS		*DODESC					8
STREET ADDRESS	2045 EAST BAY DRIVE #406			TY-ST	1					
CITY-ST-Z/P	LARGO FL	□ DELETE	DELETE 2.1 TI		-ZIP			☐ Chang	e 🔲 Addition	18
TITLE										(
NAME	HOLITA, DAIL E				ADDRESS					}
STREET ADDRESS	2040 2301 2311 01112 // 100			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE	LARGO FL 33771 2.4 □ DELETE 3.11				1-212			☐ Change	e Addition	1
NAME				AME				_ ,	_	}
STREET ADDRESS	- •	-	-		ADDRESS	· · · · · · · · · · · · · · · · · · ·	· s	-		
CITY-ST-ZIP				ITY-SI						}
TILE	☐ DELETE 4.1 TV							Change	e 🔲 Addition	1
NAME	4.		4, 2 N	4, 2 NAME						
STREET ADDRESS			4,3 ST		ADDRESS					
CITY-ST-ZIP			4.4 CI	TY-ST	-21P					
TITLE		☐ DELETE	5.1 TITLE		·			☐ Chang	e 🔲 Addition	1
NAME			5.2 N	AME						ļ
STREET ADDRESS			5.3 S1	REET	ADDRESS					ĺ
CITY-ST-ZIP			5.4 CI	TY-ST	-ZIP					1
TITLE		☐ DELETE	TE 6.1 TITLE					Chang	e]
NAME			6.2 N	AME						1
STREET ADDRESS			6.3 ST	REET	ADDRESS					
CITY-ST-ZIP			6.4 CI	TY-ST	-ZIP					

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.