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PROFIT CORPORATION ANNUAL REPORT

1996

SIGNATURE:



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

DOCUMENT #	P95000092017	(9)

Principal Place	ELL INTERNATIONAL, INC	Mailing Address		
900 S. ORAN ORLANDO FL	IGE BLOSSOM TRAIL L 32805	900 S. ORANGE BLOSS ORLANDO FL 32805	SOM TRAIL	
				3. Date Incorporated or Qualified 3a. Date of Last Report 12/04/1995
2. Principal Pl	ace of Business	28. Mailing Address		4. FEI Number Anglied F
1		26 13501- Buc	KHORN RU	W 59-33482 49 Not Appl
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additio
City & State	<u> </u>	27 Court		Fee Required
3		City & State 28 ORLAW	SO FLORIBA	6. Election Campaign Financing Trust Fund Contribution
Zip	Country	Zip	Country	Added to Fees
4	25	29 32837	30 U.S.A.	8. This corporation has liability for intangible tax under s 199.032 Filorida Statutes Yes No
	9. Name and Address of Curr	rent Registered Agent	J.	10. Name and Address of New Registered Agent
			81 Name	LUAL D
MALIK, A			82 Street Ad	ddress (P.C. Box Number is Not Acceptable)
	PRANGE BLOSSOM TRAIL			
OHLAND	O FL 32805		83 9	00. SOUTH ORANGE BLOSSOM
			84 City	ORL-ANDO FI 85 Zip Code
1 Duramant t	to the one delegant of Caption 207.05	00 1007 1000		OK1-4000 FL 32801
or register	ed agent, or both, in the State of Fig	02 and 607.1508, Florida Statute orida. Such change was autho <i>rize</i>	s, the above named corp	poration submits this statement for the purpose of changing its registered
			ed by the corporation's be	oard of directors. I hereby accept the appointment as registered agent 1.
familiar wit	in, and accept the dangations of, Se	ection 621.0505, Florida Statutes.	ed by the corporation's be	poration submits this statement for the purpose of changing its registered loard of directors. I hereby accept the appointment as registered agent. I
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IGNATURE _	Signature typed or printed name of registered agr		E. Registered Agent signature requ	1D PERVAIZ 04/10/70
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Date: Destrice Proce :