

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90191 045 \*\*\*150.00

DOCUMENT # P96000021572

1. Corporation Name

ELAN OF SO. FLA., INC.

Principal Place of Business

1406 W. BOYNTON BEACH BOULEVARD  
BOYNTON BEACH FL 33426

Mailing Address

C/O COMPUKEEPER  
1580 NW 2ND AVE #1  
BOCA RATON FL 33432  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1996

4. FEI Number

65-0653641

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 c/o CompuKeeper

Suite, Apt. #, etc.

27 1446 NW 2nd Ave. #105

City & State

28 Boca Raton, FL 33432

Zip

Country

29

30

9. Name and Address of Current Registered Agent

NERO, JOHN  
C/O COMPUKEEPER  
1580 N.W. 2ND AVENUE  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

Nero, John

82 Street Address (P.O. Box Number is Not Acceptable)

1406 W. Boynton Bch Blvd

83

84

City Boynton Beach

FL

85

Zip Code  
33426

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D NERO, JOHN  
STREET ADDRESS 6895 BEACON HOLLOW TURN  
CITY-ST-ZIP BOYNTON BCH FL 33437

TITLE ☐ DELETE  
NAME D NERO, MARLO  
STREET ADDRESS 6895 BEACON HOLLOW TURN  
CITY-ST-ZIP BOYNTON BCH FL 33437

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  
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 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.

SIGNATURE X   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

561-737-2777

Date

Daytime Phone #

CR2E034 (11/98)