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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000024788 (7)

ELLIE SCARBROUGH, INC.

FILED Apr 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				811 91911 19991 19191 1811 1891	
- 4759 ALLENWOOD STREET - 8759 ALLENWOOD STREET					
SARASOTA FL 34232 SARASOTA FL 34232					
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
8 Orington D	lace of Business	De Maihan Address 🏕 -	44 12 2	03/15/1996 4. FEI Number	1 1 5 5 5
	arasota Center Blvd	2a. Mailing Address 5/2			Applied For
21 (3 Solite, Apt.		Suite, Apt. #, etc.	Ca 34236712	o 65-0653088	Not Applicable \$8.75 Additional
22 Su	101	27		5. Certificate of Status Desired	Fee Required
City & State	9 10)	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Sara	1	28 Sarasota,	Fla	Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the c	urrent year Intangible
24 342°	40 25 USA	20 34236-7120 30	USA		Yes No
	9. Name and Address of Current F			10. Name and Address of New Registered	1 Agent
SCARBROUGH, ELLIE 81 Name Ellie & Chicago Chicago					
ARRA THE PARTY OF				ess (P.O. Box Number is Not Acceptable)	-
SARASOTA FL 34232 5/2 M				Madison Court	
83					
			84 City		85 Zip Code
			5	vasota FI	L 34236-7120
1. 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. I					
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 I	 	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	Ď	☐ DELETE	1.1 TITLE		Change Addition
NAME	SCARBROUGH, ELLIE		1.2 NAME		ļ
STREET ADDRESS	9753 ALLENWOOD STREET	512 Madison(+,	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 84232 342	40	14 CITY-ST-ZIP		1
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		Ì
STREET ADDRESS		•	2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE	-	☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		1
CITY-ST-ZIP	·		3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	$\sim a \ln \nu$	
STREET ADDRESS			5.3 STREET ADDRESS	20410°	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	SCUPO	
TITLE		☐ DFLETE	6.1 TITLE	7000024973 -04/23/38010110	Ohange Addition
NAME			6.2 NAME	-04/ 23/33010110	126
STREET ADDRESS			6.3 STREET ADDRESS	***150.00	
CFTY-ST-ZIP			6.4 CITY - ST - 7IP		

4. Thereby 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 13 if changed, or on an attachment with an address.

.....

Pera lashing

(Fillie Scachamah)

11 111-60 (011) 6

(041) 917-0528