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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

2124 Airport Road



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

2124 Airport Rock

DOCUMENT # P96000025381 (0)

ELFWORKS, INC.

Principal Place of Business

TILLE

NAM:

STREET ADDRESS

Suite 102 Naples F1 34112 rupies 3. Date Incorporated or Qualified 3a. Date of Last Report 03/18/1996 2. Princ-pal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zφ Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes X No 24 25 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 2124 Birport Rd, Suve 102 82 Street Address (P.O. Box Number is Not Acceptable) Naples F1 34112 83 84 City Zip Code 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 period partie of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change TITLE D FRANK. PETER B NAME 1.2 NAME VALIN, GEORGE 2124 Airport BA - Suite 102 STREET ADDRESS 1.3 STREET ADDRESS 4325 North Road Names F1 34112 CITY-S1-ZiP 1.4 CITY - ST - ZIP Napl⊇s, Florida Change Addition 2.1 TITLE THILE 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS COY-SE-ZIP 2.4 CITY+SY-ZIP DELETE Change Addition 3.1 TITLE HILF NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-SI-ZII 34. CITY - ST - ZIP DELETE Change Addition HILLE 41 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CIEY 51-76 44 CITY-ST-ZIP DELETE Change Addition 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition

6.1 TITLE

6.2 NAME

14. I do 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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.