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 # P96000037990 (4)

GREGORY D. ELLIOTT, M.S.W., P.A.

Principal Place of Business Mailing Address

663 KENSINGTON PLACE
663 KENSINGTON PLACE
WILTON MANORS FL 33305

WILTON MANORS FL 33305

FILED Jan 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualified 05/02/1996
2. Principal Place of Business	1 20 M	ailing Address				
21	26	alling Address				4. FEI Number Applied For Not Applicable
Suite, Apt. #, etc.		uite, Apt. #, etc.				60.75
22	27		-			5. Certificate of Status Desired Fee Required
City & State	Щ ¢	ity & State	j			6. Election Campaign Financing \$5.00 May Be
23	28					Trust Fund Contribution Added to Fees
Zip Country	L, Zi	•	— ·	Country	′	8. This corporation owes or has paid the current year Intangible
24 25	29		30			Personal Property Tax due June 30. Yes No
9. Name and Address of Current	Register	ed Agent				10. Name and Address of New Registered Agent
FRANKLIN, ELLIOTT			•	- 81	Name	
5315 LAKE WORTH ROAD LAKE WORTH FL 33463			82: Street Address (P.O. Box Number is Not Acceptable)			
			Super radices (1.0. Box radinger is 1400 radeptable)			
				83		
				84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of	and 607. f Florida.	1508, Florida Statute Such change was a	es, th	e abov	e-named the corr	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligat	ions of, S	ection 607.0505, Flo	rida	Statute	S.	and the second s
SIGNATURE						
Signature, typed or printed name of registered agent					ent signature	required when reinstating) DATE
12. OFFICERS AND	DIRECTO			3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD		☐ DELETE	1	ATTITLE		Change Addition
NAME ELLIOTT, GREGORY D			1	.2 NAME		
STREET ADDRESS 663 KENSINGTON PLACE			1	.3 STREET	ADDRESS	
CITY-ST-ZIP WILTON MANORS FL 33305			1	.4 CITY - S	IT-ZIP	
TITLE		DELETE	2	.1 TITLE		Change Addition
NAME			2	.2 NAME		
STREET ADDRESS			2	.3 STREET	ADDRESS	
CiTY-SI-ZIP				4 CITY-		
TITLE		DELETE	_	.: TITLE	J1-211	Change Addition
NAME		_		2 NAME		,
					4000000	
STREET ADDRESS			- 1	1	ADDRESS	
CITY - ST - ZIP		() ocurre		4. CITY-5	ST-ZIP	
TITLE		☐ DELETE		.1 TITLE		☐ Change ☐ Addition
NAME				. 2 NAME		
STREET ADDRESS			4	3 STREET	ADDRESS	
CITY-ST-ZIP						
TITLE !			. 4	.4 CITY - S	T-ZIP	
ma.		DELETE	_	.4 CITY - S .1 TITLE	T-ZIP	☐ Change ☐ Addition:
NAME		☐ DELETE	5		T-ZIP	☐ Change ☐ Addition
		☐ DELETE	5 5	.1 TITLE .2 NAME	T-ZIP ADDRESS	Change Addition
NAME	_	DELETE	5 5 5	.1 TITLE .2 NAME	ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS		☐ DELETE	5 5 5	.1 TITLE .2 NAME .3 STREET	ADDRESS	☐ Change ☐ Addition :
NAME STREET ADDRESS CITY-ST-ZIP		_	5 5 5 5	.1 TITLE .2 NAME .3 STREET .4 CITY - S	ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		_	5 5 5 5 6	.1 TITLE .2 NAME .3 STREET .4 CITY-S .1 TITLE .2 NAME	ADORESS T-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	_	_	5 5 5 6 6	.1 TITLE .2 NAME .3 STREET .4 CITY-S .1 TITLE .2 NAME	ADDRESS T-ZIP ADDRESS	

14. 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 suppliemental 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 chapted, or on an attachment with an address.

SIGNATURE:

West MISW. 1-7-98 954 565-081

;R2E034 (10/97)