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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of Stale DIVISION OF CORPORATIONS

## P96000044669 (5) ELOPIDAN SERVICES INC

	PLONIDAN SENVICES, INC.							
Pi	rincipal Place of Business	Mailing Address						
	706 NW 177TH AVENUE PEMBROKE PINES FL 33029	706 NW 177TH AVENUE PEMBROKE PINES FL 33029		DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualified 05/24/1996				
2. 21	Principal Place of Business	2a. Mailing Address 26		4. FEI Number 65-0668755	Applied For Not Applicable			
22	Suite, Apt. #, etc.	Suito, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
23	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
24	Zip Country	Zip Cc 29 30	ıntry	This corporation owes or has paid the cu     Personal Property Tax due June 30.	rrent year Intangilole			
	9. Name and Address of Cu	irrent Registered Agent	10. Name and Address of New Registered Agent					
	SANTOR, DANIEL F 708 NW 177TH AVENUE PEMBROKE PINES FL 33029		81 Name  82 Street Address (P.O. Box Number is Not Acceptable)					
			B3		les L 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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SIGNATURE Storogland, Noned or purched name of registrood agend and title discretable. (NOTE: Registered Agent signature required when reinstating). DATE									
12.	OFFICERS AND DIRECTORS	· · · · · · · · · · · · · · · · · · ·	13.		IANGES T	O OFFICERS ANI	DIRECTOR	S IN 12	
THTLE	PD	DELETE	1.1 TITLE	VICE PRESIDE	ENTA	201600	Change	Addition	
NAME	SANTOR, DANIEL F		1.2 NAME	LAWRCENCE		BETTER			
STREET ADDRESS	706 NW 177TH AVENUE		1.3 STREET ADDRESS	176012018	yn si	NEE!			
CITY-ST-ZIP	PEMBROKE PINES FL 33029		1.4 City+St-ZiP	LAWRCENCE 17601 SW 18 MIRAMAR,	FL	33027			
TITLE		DELETE	2 1 TITLE				Change	Addition	
NAME	Santor, Karen R		2.2 NAME					į	
STREET ADDRESS	706 NW 177TH AVENUE		2.3 STREET ADDRESS						
CITY-ST-ZIP	PEMBROKE PINES FL 33029		2. 4 CITY - ST - ZIP						
TITLE		DETEAL	3.1 THILE				Change	Addition	
NAME			3.2 NAME					-	
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-S1-ZIP			3.4. CITY - ST - ZIP						
TITLE		DELETE	4.1 TITLE				Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY - ST - ZIP						
TITLE		DELETE	5.1 1ITLE				Change	Addition	
NAME			5.2 NAME						
STREET ADORESS			5.3 STREET ADDRESS						
CITY-SY-ZIP			5.4 CITY - ST - ZIP	-					
TITLE		DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME					İ	
STAEET ADDRESS			6.3 STREET ADDRESS					Ì	
CITY CT 240			E 4 CITY - ST 7ID						

14. Thereby certify that the information supplied with his indicated on this annual report or supplemental innual officer or director of the corporation of the receiver of Block 12 or Block 13 if changed in on yearth annual os not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

**FILED** 

Mar 19 1998 8:00am

Secretary of State