Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90070 021 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000047434

1. Corporation Name

ELDEDT ODECIALTY DECOLICTS INC

	,.					
D. Control Discours of Discours	Mailing Address			1006/1006/1106/1106/01/16/03/11/03/11/03/11/08/11/		
Principal Place of Business	· ·					
4533 SUNBEAM RD. UNIT 803	4533 SUNBEAM RD. Unit 803					
JACKSONVILLE FL 32257 JACKSONVILLE FL 32257				DO NOT WRITE IN THI	S SPACE	
US US				3. Date Incorporated or Qualifed		1
				05/29/1996		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21	26			59-3385790	No	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-		5. Certifcate of Status Desired	\$8.75 A	
22	27			3. Certificate of Status Desired	Fee Re	quired
City & State	City & State		-	6. Election Campaign Financing	\$5.00	
23	28		~	Trust Fund Contribution	Added to	o Fees
Zip Country	Zip	Country		8. This corporation owes the current year I		
24 25	29 30	L		Personal Property Tax.		≥ (%0 .
9. Name and Address of Current	Registered Agent	041	N	10. Name and Address of New Registere	a Agent	
CLOCOT DETEN C		81	Name			
ELBERT, PETER C		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
6351 IMMOLCALEE RD						
KEYSTONE HEIGHTS FL 32656		83				
		84	City		. 85 Zip C	Code
			} - 7	F		
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation 	Florida. Such change was author	onzed by	the corporation	on's board of directors. I hereby accept the app	ointment as re	gistered
SIGNATURE						
SIGNATURE Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Reg		t signature require	d when reinstating) DATE		
Signature, typed or printed name of registered agent a 12. OFFICERS AND	DIRECTORS	13.	t signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICERS A		
Signature, typed or printed name of registered agent a 12. OFFICERS AND TITLE DCPS			at signature require	· · · · · · · · · · · · · · · · · · ·	AND DIRECTO	RS IN 12
12. OFFICERS AND TITLE DCPS RAME ELBERT, PETER C.	DIRECTORS	13.	it signature require	· · · · · · · · · · · · · · · · · · ·		
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12. OFFICERS AND TITLE DCPS ELBERT, PETER C. STREET ADDRESS 4533 SUNBEAM RD., UNIT 803	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	T ADDRESS	· · · · · · · · · · · · · · · · · · ·		Addition
12. OFFICERS AND TITLE DCPS RAME ELBERT, PETER C. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	T ADDRESS	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

904-737-0880