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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Mar 13 1997 8:00am

Secretary of State

(96/6)

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Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000053106 (6)

ELITE AGENCY SERVICES MANAGEMENT. INC.

Principal Place of Business Mailing Address 7150 RUSTIC ACRES 7150 RUSTIC ACRES SARASOTA FL 34241 **SARASOTA FL 34241-9789** 3. Date Incorporated or Qualified 3a. Date of Last Report 06/21/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred 27 City & State: City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HERRIG. STEVEN F 7150 RUSTIC ACRES 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34241 83 84 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. Signary at typical or printed name of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change 1.17(f) F Addition HERRIG. STEVEN F NAME 1.2 NAME 7150 RUSTIC ACRES STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34241 CHY-S1-7/P 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE __ Change Addition HARTIG, DENNIS NAME 2.2 NAME 3708 FLORES AVENUE STREET ADDRESS 2 3 STREET ADDRESS SARASOTA FL 34239 OTY - \$1 - 76 2.4 CITY-ST-ZIP DELETE 10.6 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIE 3.4. CITY - ST - ZIP DELETE TOTALE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS C(TY-\$1-7)P 44 CITY-ST-ZIP DELETE Change 1d) F 51 TITLE Addition NAME 52 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-SI-ZIP 5 4 City - St - ZiP DELETE THEF 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY - ST - ZIP 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 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 exemption or the reserver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

ent with an address