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Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000059606 (9)**

1. Corporation Name
EARTH II, INC.

Principal Place of Business	Mailing Address
5201 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810	5201 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810-1008

3. Date Incorporated or Qualified: 07/11/1996
3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-3389865 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ELLIOTT, MARC G
5201 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, type or print name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MICHAEL A. ELLIOTT		1.2 NAME	
STREET ADDRESS	143 VARIETY TREE CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		1.4 CITY-ST-ZIP	
TITLE	TREASURER	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MARC G. ELLIOTT		2.2 NAME	
STREET ADDRESS	199 VARSITY CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		2.4 CITY-ST-ZIP	
TITLE	SECRETARY	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHN E. ELLIOTT		3.2 NAME	
STREET ADDRESS	143 VARIETY TREE CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		3.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ARTEMIS J. MELLEN		4.2 NAME	
STREET ADDRESS	12816 BIG SUR DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33625		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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.

SIGNATURE: Michael A. Elliott 01-06-97 407-290-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000369