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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Aug 11, 1999 8:00 am Secretary of State

08-11-1999 90002 011 \*\*\*550.00

DOCUMENT #	P96000063019
2 9 0 0 m = 1 m	

1. Corporation Name

E.L.D. INTERNATIONAL, INC.

	TEMPOTOTAL, MO-						
Principal Place	of Business	М	ailing Address				- reminder to their arity and and and and arity and
1835 SW 81 TE DAVIE FL 33324		DA	35 SW 81 TERR IVIE FL 33324				DO NOT WRITE IN THIS SPACE
US		US	3				3. Date Incorporated or Qualifed
							07/29/1996
0 0 0	Land Business	20	. Mailing Address		_		4. FEI Number Applied For
<u> </u>	lace of Business	26	. Mailing Address				65-0697631 Not Applicable
Suite, Apt.	# etc	[20]	Suite, Apt. #, etc.				- \$8.75 Additional
22	w, etc.	27	¬				5. Certificate of Status Desired Fee Required
City & State	B	-  <del>-</del>	City & State				6. Election Campaign Financing \$5.00 May Be
23	- 	28					Trust Fund Contribution Added to Fees
Zip	Country		Zip	Countr	У		8. This corporation owes the current year Intangible
24	25	29		30			Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Curren	Regis	stered Agent		· · ·		10. Name and Address of New Registered Agent
5411	, ANI (TAIAAM)			8	1	Name	
	AN, ITAMAR			82	2	Street Addre	ess (P.O. Box Number is Not Acceptable)
	S SW 81 TERR			<u> </u>	4		
UAVI	IE FL 33324			8	3		
}	•			84	4	City	85 Zip Code
					1	-	oration submits this statement for the purpose of changing its registered
SIGNATURE	rn familiar with, and accept the obligat	t and title	if applicable. (NOTE:	Registered Ag		t signature required	d when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN	D DIRE		13.		T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PS TELLY		🖃 DELETE	1.1 TITLE		,	Siturge Existing.
NAME	-DAHAN, FELIX			1.2 NAME			
STREET ADDRESS	EWYAHAV ARAVA					ADDRESS	
CITY-ST-ZIP	ISRAEL 86820		☐ DELETE	1.4 CITY-		I-ZIP	∴ Change Addition
TITLE	VT DALIANI ITAMAD		□ Nerese	2.1 TITLE			
NAME	DAHAN, ITAMAR	ÇI IIT	TE 700	2.2 NAME		ADDRESC	
STREET ADDRESS	9999 SUMMER BREEZE DRIVE	, SUII	E /20			ADDRESS	,
CITY-ST-ZIP	SUNRISE FL 33322		DELETE	2.4 CITY 3.1 TITLE		1-217	☐ Change ☐ Addition
TITLE				3.2 NAME			
NAME CTREET ADDRESS				1		ADDRESS	
STREET ADDRESS				3.4. CITY		1	
CITY-ST-ZIP			☐ DELETE	4.1 TITLE	_	,	☐ Change ☐ Addition
NAME			<u> </u>	4. 2 NAM			
STREET ADDRESS				1		ADORESS	
CITY-ST-ZIP				4.4 CITY-		į.	
TITLE			DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME				5.2 NAME	E		
STREET ADDRESS	{			5.3 STRE	EΤ	ADDRESS	
CITY-ST-ZIP				5.4 CITY-	-51	T-ZIP	
TITLE			☐ DELETE	6.1 TITLE	_		☐ Change ☐ Addition
			•	62 NAME	=		

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 ainnual 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #