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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000069612 (5)

EL MOR	A, INC.									I NEBARAI MENTOE IMA ZAHI ARIK ZAN	: 	1888 BHAIL HBIT	1 ((E) 1 <b>3</b> ()
Principal Place of Business			Mailing Address							t suktekät ein thund mitte Mater Auter ant	I AAIIA AIIIA	INCOMERCE STATE	1 (184 188)
9018 STAR ISLAND WAY HOBE SOUND FL 33455		90 HK	9018 STAR ISLAND WAY HOBE SOUND FL 33455-3130										
										Date Incorporated or Qualified 08/15/1996	3a. Da	ate of Last Re	eport
2. Principal Place of Business			2a. Mailing Address							FEI Number		I IAD	plied For
21		26	4360	No	DRTH	LAI	CE	BLUB		65-068940	2_ ز		t Applicable
Suite, Apt. #. eto			Suite Apt. #, etc.						5	Certificate of Status Desired		\$8.75	
22			27 205						Ŭ.	Certificate of Gtates Dosired		Fee Re	quired
City & State			City & State 28 Polm Bch Gau			. 1.	1 FL		6.	Election Campaign Financing	· · · · · ·	\$5.00	
23	1	28		130				1 -	_	Trust Fund Contribution		Added t	-
Ζιρ <b>24</b>	Country	29	<sup>Zφ</sup> 334	-10	30	ountry	ับร	i A	8.	This corporation has liability for Florida Statutes		tax under s No	199.032,
24	25 9. Name and Address of Currer				[30]	<del></del>			10.	Name and Address of New Re	- ,	_	
MAR	ITIN E WASHOFSKY, E.A., P.A.		81 Name					ne					
	NORTHLAKE BLVD								40				
SUITE 205			82 Street					et Addres	SS (P	P.O. Box Number is Not Acceptal	)le)		
	M BEACH GARDENS FL 33410					83	_						
						84	City	,	·		FL	<b>85</b> Zip (	Code
11 Pureusint t	to the provisions of Sections 607.050	)2 and 6	07 1508 Flore	da Stati	ites the	abou	e-nam	ed corpo	ratio	n submits this statement for the		changing it	s registered
office or re	egistered agent, or both, in the State rr: familiar with, and accept the oblig	of Flori	da. Such chan	ige was	authori	zed by	the c	corporatio	n's b	poard of directors. I hereby acce	pt the app	ointment as	registered
agent 1 ar	rr familiar with, and accept the oblig	ations o	r, Section 607.	.05 <b>0</b> 5, F	lorida S	tatute	S.						
SIGNATURE	Suprative typeship printed name of registered ag-	one and offe	d applicable	(NC	TF Florist	ered Ao	ent sign	ature required	when	n reinstating)	DATE		
12.	OFFICERS AN			(110	1			2070 1040100		ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TillE	PD		DE	LETE	1.	1 TITLE	•				<del></del>	☐ Change	Addition
NAME	MORASCH, LUDWIG				1.	2 NAME							
STREET ADDRESS	9018 STAR ISLAND WAY				- I t	3 STREET	ADORE	ss		4			
City+S1-ZIP	HOBE SOUND FL 33455				1.	4 CITY - S	ST-ZIP						
TIFLE			☐ DE	ELETE	2.	1 TITLE			-			☐ Change	☐ Addilion
NAME					2.	2 NAME		ļ					
STREET ADDRESS					2.	3 STREET	ADDRE	ss					
CH r · ST · ZIP					2.	4 CITY -	ST-ZIP						
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NAME						2 NAME							
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CI*V - S1 - 7/P						4 CITY-S							
U 0 0 41	L							I					

14. It 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 it aim an officer or director of the gurporation 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 12 or Block or on an attachment with an address. LUBWIG

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MORASCH

2/17/97

**FILED** 

Mar 12 1997 8:00am

Secretary of State