

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90164 043 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

DOCUMENT # P96000071749

1. Corporation Name
ELLES-MAREE, INC.

Principal Place of Business
**44 CAPISTRANO DR
ORMOND BEACH FL 32176
US**

Mailing Address
**44 CAPISTRANO DR
ORMOND BEACH FL 32176
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1996

4. FEI Number

59-3398295

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21
 **Ms. Anne Gelatka
44 Capistrano Dr.
Ormond Beach, FL 32176-2106**

2a. Mailing Address

28
 **Ms. Anne Gelatka
44 Capistrano Dr.
Ormond Beach, FL 32176-2106**

23 Zip Country

24 **25**

29 Zip Country

30

9. Name and Address of Current Registered Agent

**GELATKA, ANNE M
44 CAPISTRANO DRIVE
ORMOND BEACH FL 32174**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **FREEMAN, ROBERT E**
STREET ADDRESS **1601 N. HALIFAX AVENUE**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **VD** ☒ DELETE
NAME **GELATKA, ANNE M**
STREET ADDRESS **44 CAPISTRANO DRIVE**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD. GELATKA, ANNE M** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **44 CAPISTRANO DR**
1.4 CITY-ST-ZIP **ORMOND BEACH FL 32176**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)