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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000073257 (3)

EL MAR, INC.

Principal Place of Business

GASS MADDICAM OF

Mailing Address

2022 HADDISON ST

FILED Apr 20 1998 8:00am Secretary of State



HOLLYWOOD FL \$3020 US		HOLLYWOOL	HOLLYWOOD FL 33020 US			DO NOT WRITE IN THIS	PDACE		
		US				3. Date Incorporated or Qualified			
						09/04/1996			
2. Principal Pi	ace of Business	2a. Mailing A	2a. Mailing Address			4. FEI Number	Appl	ied For	
21		26	26			75-0693788	Not A	Applicable	
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Add		
22		27				G. Continue of Status Source	Fee Requ		
City & State		├-¬ '	City & State			6. Election Campaign Financing			
23	Country	28		Country	•	Trust Fund Contribution	Added to		
Zip	Country 25	Zip	20	ק ′		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	25 29 30 30 P. Name and Address of Current Registered Agent			"———	10, Name and Address of New Registered Agent				
RI (ODIG, GREGORY J ESQUIRE			81	Name				
GREENSPOON MARDER HIRSCHFELD RAFKIN ROSS				90	B2 Street Address (P.O. Box Number is Not Acceptable)				
	OAD, SUITE 700			Street Address (P.O. Box Multiper is Not Acceptable)					
	LAUDERDALE FL 33309			83					
	-			84	City		85 Zip Co	rto .	
					_	FL	.		
11. Pursuant t	o the provisions of Sections 607.	0502 and 607.1508, Fi	orida Statutes,	the above	e-named	corporation submits this statement for the purpose of	changing its r	egistered	
agent. I ar	egistered agent, or both, in the Si in familiar with, and accept the of	oligations of, Section 6	07.050 5 , Florid	la Statutes	7 trie corp S.	corporation's board of directors. I hereby accept the app	Ollifficial as ro	gistered	
SIGNATURE									
	Signature, typed or printed name of registered		(NOTE R		ont signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIDECTOR	IN 10	
12.	OFFICERS	AND DIRECTORS	DELETE	13.			Change	Addition	
NAME	PICCIANO, ELEANOR	_	VILLE	1.2 NAME		ELEANOR PICCIAND			
STREET ADDRESS	17388 ANTIGUA POINT W	ΙΑΥ		1.3 STREET	ADDRESS	17132 BERMUDA VILLAG	E DR.		
CITY-ST-ZIP	BOCA RATON FL 33487	***		1.4 CiTY - S		BOCA RATON, FL 3348'	1		
TITLE	D		DELETE	21 TITLE		I	Def Change I	Addition	
NAME	WEISS, MARILYN R			2.2 NAME		MARILYN R. WEISS 17132 BERMUDA VILLAG			
STREET ADDRESS	17388 ANTIGUA POINT W	/AY		2.3 STREET	ADDRESS	17132 BERMUDA VILLAG	E DK.		
CITY-ST-ZIP	BOCA RATON FL 33487			2. 4 CITY-1	ST-ZIP	BOCA RATON, FL 3348	7		
TITLE			DELETE	3.1 TITLE				Addition	
NAME				3.2 NAME					
STREET ADDRESS				3 3 STREET	ADDRESS				
CITY-ST-ZIP				3.4. CITY-1	ST - 21P		·		
TITLE			DELETE	4.1 TITLE			Change [☐ Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET					
CITY-ST-ZIP		<u> </u>	DELETE	4.4 CITY-S	T-ZIP		☐ Change	Addition	
TITLE		Li	DELETE	5.1 TITLE			Change I	_ Addition	
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET					
CITY-ST-ZIP			DELETE	5.4 CITY - S 6.1 TITLE	II-ZIP		Change	Addition	
TITLE			DECE 12	6.2 NAME			ا مورست س		
NAME CTREET ADORESC				t	ADDRESS				
STREET ADDRESS				6.3 STREFT					
CITY-ST-ZIP				6.4 CITY-S	1-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 another thin address. 1954) 971-9988