

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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078293 (3)

1. Corporation Name
ELLIOTT'S CNC MACHINE REPAIR INCORPORATED



Principal Place of Business Mailing Address
320 N. MAGNOLIA AVE. SUITE A-6 ORLANDO FL 32801
320 N. MAGNOLIA AVE. SUITE A-6 ORLANDO FL 32801-1624

3. Date Incorporated or Qualified 09/19/1996
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 2926 Sunset Road Suite Apt. # etc
26 2926 Sunset Road Suite, Apt. #, etc.

4. FEI Number 59-3405337
Applied For Not Applicable

22. City & State 27. City & State
23 Apopka, Florida 28 Apopka, Florida

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 32703 25 USA 29 32703 30 USA

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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

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

VAN ZANT, CAROLYN
320 N. MAGNOLIA AVE.
SUITE A-6
ORLANDO FL 32801

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 Carolyn K. van Zant DATE 3-24-97

Table with 2 main columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, City-St-Zip.

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: [Signature] DATE: 3-24-97 DAYTIME PHONE: 407-521-0267

CR2E034 (9/96)