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

Mailing Address

P.O. BOX 22014

2a. Mailing Address

26

LAKE BUENA VISTA FL 32830

**PROFIT** CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

KISSMMEE FL 34746

Suite, Apt. #, etc.

CITY-ST-ZIP

**SIGNATURE:** 

4490 W US 192



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 13 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

Applied For

407 396 4009

Not Applicable

3. Date Incorporated or Qualified 09/26/1996

59-3404656

4. FEI Number

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000080115 (4)

ELIZABETH INVESTMENT GROUP, INC.

Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 30 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MOORE JR. CHARLES E 4499 W US 192 Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34746 84 City 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, typed or printed name of registered agent and bill if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change TITLE MOORE JR, CHARLES E 12 NAME MALAF 4499 W US 192 1.3 STREET ADDRESS STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP 1.4 DITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE MOORE JR. CHARLES E 2.2 NAME NAME 4499 W US 192 2.3 STREET ADDRESS STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE MOORE JR, CHARLES E NAME 32 NAME 4499 W US 192 STREET ADDRESS 3.3 STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5 1 TITLE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CifY-St-ZIP CITY-ST-ZIP Change DELETE TITLE 6.1 TITLE Addition 6.2 NAME 6.3 STREET ADORESS 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 of the receiver or trusted empower of the secured 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 will but address