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

Block 12 or Block 13 if changed, or our an attachment with an address.

**PROFIT** FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 JAN 22 PM 12: 35 **DOCUMENT #** P96000082125 (1) SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name ELM TREE CAPITAL CORP. Principal Place of Business Mailing Address 1128 BRICKELL AVENUE 1428 BRICKELL AVENUE LOOR DO NOT WRITE IN THIS SPACE MIAMI FL 33131 3. Date Incorporated or Qualified 10/04/1996 4. FEI Number 2. Principal Place of Business Majling Address Applied For Spone 65-0704155 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required Crty & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 LITTMAN, ERIC P 1428 BRICKELL AVENUE 82 Address (P.O. Box Number is Not Acceptable 8TH T-LOOR 83 MIAMITE SSIST 85 Zip Code 84 AM. 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 the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Fam familiar with the accept he obligations of, Section 607.0505, Florida Statutes. SIGNATURE rored agent and title if applicable Signature, typed or prime (NO1E: Registered Agent signature required when reinstating) DATE TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES 12. 13. DELETE TITLE 1.1 TITLE LITTMAN, ERIC P NAME 1.2 NAME 210 1428 BRICKELL AVENUE, 8TH FLOOR STREET ADDRESS 1.3 STREET ADDRESS MIAMITE 33131 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME 100002408971--5 -01/22/98--01065--028 \*\*\*6150.00 | \*\*\*\*150.00 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CiTY - S1 - ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 51 TITLE NAME 52 NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition 61 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 informatio 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 receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in