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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Jan 15 1997 8:00am

Secretary of State

(96/6)

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000083483 (3)

ELITE EQUITY INVESTORS, INC.

Principal Place of Business Mailing Address 12150 NORTHWEST 10TH STREET 12150 NORTHWEST 10TH STREET CORAL SPRINGS FL 33071-5001 CORAL SPRINGS FL 33071 3. Date Incorporated or Qualified 3a. Date of Last Report 10/09/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable 21 26 Suite, Apl. #, etc. Suite, Apt. #, etc \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Country Z_{10} ZiD This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No **3**0 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PALESTINE, MARK 12150 NORTHWEST 10TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33071** 83 City 84 Zip Code 85 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 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed rame of regulared agent and title if applicable (NOTE. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETÉ Addition 1 1 TITLE TITLE PALESTINE, MARK NAME 1.2 NAME 12150 NORTHWEST 10TH STREET 1.3 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-ZIF 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2 1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 Title 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST-ZIF 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST-ZIP DELE TE ☐ Change Addition 51 TITLE TITLE NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS 5 4 CITY - ST-ZIP CITY - ST - ZIP Addition DELETE Change TITLE 61 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. If do hereby certify that the information supplied with this filling 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 directly 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 No. 13 if changed, or on an attachment with an address.

FICER OR DIRECTOR

Mek

SIGNATURE: