## 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 # P96000084947 (6)

**EL-AR ENTERPRISES. INC.** 

Principal Place of Business Mailing Address 5840 8 ORANGE AVE 5840 S ORANGE AVE ORLANDO FL 32809 ORLANDO FL 32809 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/11/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For Not Applicable 21 26 59-3404630 Sulte, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XYYes No Zip Country Country 24 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RAGOSTA, ARTHUR L 5840 \$ ORANGE AVE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32809 83 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** Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 11 TITLE RAGOSTA, ARTHUR NAME 1.2 NAME **5840 S ORANGE AVE** STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32809 CITY-ST-ZIP 1.4 CITY - ST - 7/P STD DELETE ☐ Change Addition TITLE 2.1 TITLE RAGOSTA, ELEANOR R NAME 2.2 NAME 5840 S ORANGE AVE STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32809 CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(TY - ST- 7)P DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 DILE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

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.

6.3 STREET ADDRESS 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 information

6.1 TITLE

6.2 NAME

DELETE

TITLE

NAME

STREET ADDRESS

1- 30 1998

Change

Addition

**FILED** 

Feb 04 1998 8:00am

Secretary of State