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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000091486 (6)

EL MANDIL ENTERPRISES, INC.

Mailing Address Principal Place of Business

FILED Jan 16 1998 8:00am Secretary of State



407481-1049

2572 ROBERT TRENT JONES DRIVE #1236 ORLANDO FL 32835			2572 ROBERT TRENT JONES DRIVE #1236 ORLANDO FL 32835			DO NOT WRITE	IN THIS S	PACE .			
								3. Date Incorporated or Qualified 11/05/1996			
2. Principal Place of Business			2a. Mailing Address					4. FEI Number		A	pplied For
21			26 25 W. Church St.					59-3418569		N	lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State			City & State					6. Election Campaign Financing		\$5.00	May Be
23			28 Orlando Florida			Trust Fund Contribution		Added	I to Fees		
Zip Country			Zip Country			8. This corporation owes or has pai	d the curr	ent year Ir	ntangible		
24	25	29 32801 30 U-S-A			Personal Property Tax due June			No .			
	9. Name an	d Address of Current				10. Name and Address of New Registered Agent					
HC	opps, alan (81	Na	mę					
25	772 ROBERT 1	RENT JONES DRIVE	#1236 82 Street Ac			eet Ado	dress (P.O. Box Number is Not Acceptab	ie)			
ORLANDO FL 32835				83							
					83						
					84	Cit	у		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	Signature, typed or p	rinted name of registered agent	and title if applicable. (N	IOTE: Re	gistered Ag	ent sign	ature requ	ulred whon reinstating)	DÁTE		
12.		OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	P		☐ DELETE		1.1 TITLE					Change Change	Addition
NAME	HOPPS, A				1.2 NAME		j				
STREET ADDRESS 2572 ROBERT TRENT JONES			DRIVE #1236 1.31		1.3 STREET ADDRESS		ESS	•	•		
CITY-ST-ZIP	ORLANDO) FL 32835			1.4 CITY-5	ST-ZIP					I deserve
TITLE			☐ DELETE		2.1 TITLE					Change	Addition
NAME	İ				2.2 NAME						
STREET ADDRESS					2.3 STREET		- 1		1		
CITY-ST-ZIP					2, 4 CITY-	ST-ZIP	_		····	Change	Addition
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NAME	•				3.2 NAME						1
STREET ADDRESS				i	3.3 STREE						
CITY-ST-ZIP			DELETE		3.4. CITY-	ST-ZIP	-			Change	Addition
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NAME					4. 2 NAME 4.3 STREE						ļ
STREET ADORESS							500				
CITY-ST-ZIP TITLE			DELETE		4.4 CITY - 5 5.1 TITLE	51 - ZIP	-			Change	Addition
NAME	1				5.1 HALE 5.2 NAME						
	1				5.3 STREE	T ADDR	F55				
STREET ADDRESS	1				5.4 CITY-						
CITY-ST-ZIP TITLE			DELETE		6.1 TITLE	41-71 <u>2</u>				☐ Change	Addition
NAME					5.2 NAME						
STREET ADDRESS					6.3 STREE	T ADDR	FSS				ļ
CITY-ST-ZIP					6.4 CITY -						ļ
14. I hereby	certify that the in	nformation supplied with	this filing does not qualify	y for th	ne exemp	otion :	stated i	in Section 119.07(3)(I), Florida Statutes, I	further ce	rtify that th	e information
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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.											