


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

APPROVED
AND
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1997 APR 17 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>91000092373</u> 1. Corporation Name: <u>E.L.G. Inc.</u>			
Principal Place of Business		Mailing Address	
<u>SSSO N.W. 44th STREET</u> <u># 8508</u> <u>LAUDERHILL, FL. 33319</u>			
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State: <u>FL</u>	26. Suite, Apt. #, etc.	<u>11-7-96</u>	
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	<u>65-0705215</u>	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30. Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<u>LINDA GUARINO</u> <u>SSSO N.W. 44th STREET</u> <u># 8508</u> <u>LAUDERHILL, FL. 33319</u>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	
		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, concurring with and accept the obligations of Section 607.0505, Florida Statutes.			
SIGNATURE: <u>Linda Guarino</u>		DATE: <u>4-7-97</u>	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 NAME: <u>LINDA GUARINO</u>		1.1 NAME: <u>500002150385--4</u>	
1.2 STREET ADDRESS: <u>SSSO N.W. 44th STREET</u>		1.2 STREET ADDRESS: <u>-04/22/97--01040--006</u>	
1.3 CITY-STATE-ZIP: <u>LAUDERHILL, FL. 33319</u>		1.3 CITY-STATE-ZIP: <u>*****165.00 *****165.00</u>	
2.1 NAME: <u>DELETED</u>		2.1 NAME: <u>DELETED</u>	
2.2 STREET ADDRESS: <u>DELETED</u>		2.2 STREET ADDRESS: <u>DELETED</u>	
2.3 CITY-STATE-ZIP: <u>DELETED</u>		2.3 CITY-STATE-ZIP: <u>DELETED</u>	
3.1 NAME: <u>DELETED</u>		3.1 NAME: <u>DELETED</u>	
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8.1 NAME: <u>DELETED</u>		8.1 NAME: <u>DELETED</u>	
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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 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.			
SIGNATURE: <u>Linda Guarino</u>		DATE: <u>April 7-97</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE AND PHONE #	

CR2E034 (9/96)