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PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham,  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000094085 (3)

1. Corporation Name

ELMA INCORPORATED

FILED

98 MAY -1 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

497 HARDWOOD PLACE  
BOCA RATON FL 33431

497 HARDWOOD PLACE  
BOCA RATON FL 33431

21068 Shady Vista Lane  
BOCA RATON, FL 33428

21068 Shady Vista Lane  
BOCA RATON, FL 33428

2. Principal Place of Business

21 21068 Shady Vista Lane

2a. Mailing Address

26 21068 Shady Vista Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 BOCA RATON, FL

City & State

28 BOCA RATON, FL

Zip

24 33428

Country

25 U.S.A.

Zip

29 33428

Country

30 U.S.A.

g. Name and Address of Current Registered Agent

GUTIERREZ, MIGUEL  
497 HARDWOOD PLACE  
BOCA RATON FL 33431

21068 Shady Vista Lane  
BOCA RATON, FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1996

4. FEI Number

Number Applied for X

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

*Miguel Gutierrez*

(NOTE: Registered Agent signature required when reinstating)

April 10/98

12. OFFICERS AND DIRECTORS

TITLE

P  
NAME  
GUTIERREZ, MIGUEL  
STREET ADDRESS  
497 HARDWOOD PLACE  
CITY-ST-ZIP  
BOCA RATON FL

TITLE

ST  
NAME  
GUTIERREZ, ELENA  
STREET ADDRESS  
497 HARDWOOD PLACE  
CITY-ST-ZIP  
BOCA RATON FL

TITLE

P  
NAME  
GUTIERREZ, MIGUEL  
STREET ADDRESS  
21068 Shady Vista Lane  
CITY-ST-ZIP  
BOCA RATON, FL 33428

TITLE

ST  
NAME  
GUTIERREZ, ELENA  
STREET ADDRESS  
21068 Shady Vista Lane  
CITY-ST-ZIP  
BOCA RATON, FL 33428

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

*Miguel Gutierrez*

CR2E034 (10/97)

# Application for Employer Identification Number

(For use by employers and others, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

Keep a copy for your records.

EIN

OMB No. 1545-0003

2

1 Name of applicant (True legal name) (See instructions.)

ELMA INCORPORATED

2 Trade name of business (if different from name in line 1)

N/A

3 Executor, trustee, "care of" name

N/A

4a Mailing address (street address) (room, apt., or suite no.)

21068 SHADY VISTA LANE

5a Business address (if different from lines 4a and 4b)

N/A

4b City, state, and ZIP code

BOCA RATON, FL 33428

5b City, state, and ZIP code

N/A

6 County and state where principal business is located

PALM BEACH, FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor-SSN required (See instructions.)

MIGUEL GUTIERREZ, SSN 067-36-9280

8a Type of entity (Check only one box.) (See instructions.)

☐ Sole Proprietor (SSN)

☐ Church or church controlled organization

☐ Estate (SSN of decedent)

☐ Trusts

☐ REMIC

☐ Personal service corp.

☐ Plan administrator-SSN

☐ Partnership

☐ State/local government

☐ National Guard

☒ Other corporation **SALES**

☐ Farmer's co-op

☐ Other nonprofit organization (specify)

☐ Federal government/military

☐ Limited liability co.

☐ Other (specify)

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

FLORIDA

Foreign country

N/A

9 Reason for applying (Check only one box.)

☒ Started new business (specify)

**CORPORATION**

☐ Changed type of organization

☐ Purchased going business

☐ Hired employees

☐ Created a trust (specify)

☐ Created a pension plan (specify type)

☐ Banking purpose (specify)

☐ Other (specify)

10 Date business started or acquired (mo., day, year) (See instructions.)

1/1/98

11 Enter closing month of accounting year.

DECEMBER

12 First date wages or annuities were paid or will be paid (mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (mo., day, year)

N/A

13 Enter highest number of employees expected in the next 12 months.

Nonagricultural

N/A

Agricultural

N/A

Household

N/A

14 Principal activity (See instructions.)

**SALES - COMPUTER SOFTWARE**

15 Is the principal business activity manufacturing?

☐ Yes

☒ No

If "Yes," principal product and raw material used

16 To whom are most of the products or services sold? Check the appropriate box.

☐ Public (retail)

☐ Other (specify)

☒ Business (wholesale)

☐ N/A

17a Has the applicant ever applied for an ID number for this or any other business?

☒ Yes

☐ No

Note: If "Yes" please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name shown on prior application, if different than from line 1 or 2 above.

Legal name

ELMA, INC.

Trade name

N/A

17c Enter approximate date, city, and state where the application was filed and the previous employer ID number if known.

Approximate date when filed (mo. day, year)

11/14/77

City and state where filed

HOLTSVILLE, NY

Previous EIN

22-2305577

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Telephone number (include area code)

561-451-1119

Fax telephone number (include area code)

Name and title (Please type or print clearly.)

MIGUEL GUTIERREZ, PRESIDENT

Signature

Date 3/

3/16/98

Note: Do not write below this line. For official use only.

Please leave blank

Geo.

Ind.

Class

Size

Reason for applying