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

PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 02 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS

	1000	<del></del>		_ Scorotary or State
DOCU	MENT # P97000	0007611 (1)	1	
ELBAR SERVICE, INC.				
Principal Plac	e of Business	Mailing Address		
13603 WEYBURNE DR. 13603 WEYBURNE DR.				
DELRAY BEACH FL 33446 DELRAY BEACH FL 33446				DO NOT WRITE IN THIS SPACE
}				3. Date Incorporated or Qualified
				01/24/1997
<del>-</del>		2a. Mailing Address		4. FEI Number 0 7 2 9 5 1 T Applied For
		Suite, Apt. #, etc.		50 7F
22 27				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution Added to Fees  8. This corporation was or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
[	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
BARNES, ELSA 81 Name				
13603 WEYBURNE DR.  DELRAY BEACH FL 33446				iress (P.O. Box Number is Not Acceptable)
DELNAT DEACH PL 33440			83	
			84 City	85 Zip Code
			1 1	; <b>}-L</b>   '
office or r agent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, Fl	tes, the above-named corp authorized by the corpora orida Statutes.	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE		0/0	T 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	sirad when reinstating) DATE
Signature, typed or printed name of registered agent and little if applicable. (NO  12. OFFICERS AND DIRECTORS		TE. Registered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD	DELETE	1,1 TITLE	Change Addition
NAME	BARNES, ELSA		1.2 NAME	
STREET ADDRESS	13603 WEYBURNE DR.		1,3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33446 VD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME	BARNES, KEN		2.2 NAME	
STREET ADDRESS	13603 WEYBURNE DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33446		2, 4 CITY-SI-ZiP	☐ Change ☐ Addition
TITLE NAME		DELETE	3.1 TITLE 3.2 NAME	Change C Addition
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	1
STREET ADDRESS			4.3 STREET ADDRESS	1
CITY-ST-ZIP		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADORESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	\\
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
STREET ADDRESS			6.3 STREET ADDRESS	
14. Libereby c	ertily that the information supplied will	th this filing does not qualify fo	6.4 CITY-ST-ZIP	Section 119.07(3)(i), Fiorida Statutes.   further certify that the information

Thereby 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.

GNATURE:

GNATURE:

SIGNATURE: