SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Aug 19 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000027401 (3)					
l	ELE/FLORIDA, INC.	()		A TERMANI NE TRINCESTA RANK BANK BANK BANK	18 11810 12011 BIBIL BBIBI 1101 1101
Principal Plac	e of B usiness	Mailing Address			
EMANUEL N. LOGOTHETIS 440 NORTH COUNTRY CLUB ROAD ATLANTIS FL 33462		EMANUEL N. LOGOTHETIS 440 NORTH COUNTRY CLUB ROAD ATLANTIS FL 33462		DO NOT WRITE IN TH	IIS S PACE
	• •			3. Date Incorporated or Qualified 03/26/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		22-3571964	Not Applicable
Suite, Apt.	#, etc.	Sulte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	ia .	City & State		6 Floring American Floring	_ -,
23	io	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	i
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registere	d Agent
CT	CORPORATION SYSTEM		81 Name		
1200 SOUTH PINE ISLAND ROAD			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
PLA	NTATION FL 33324		L		
			83		
			84 City		. 85 Zip Code
			1 1 -		
				F	
11. Pursuant office or	t to the provisions of sections 607.05	02 and 607.1508, Florida Statuti	es, the above-named corp authorized by the corpora	poration submits this statement for the purpose of	changing its registered
office or	t to the provisions of sections 607.05 registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was :	authorized by the corpora		changing its registered
office or	registered agent, or both, in the Sta am familiar with, and accept the obli	le of Florida. Such change was gations of, section 607.0505, Fl	authorized by the corpora orida Statutes.	oration submits this statement for the purpose of tion's board of directors. I hereby accept the app	changing its registered
office or agent. I a SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the obli- Signature, typed or printed name of registered ac	le of Florida. Such change was igations of, section 607.0505, Fl pent and title if applicable (N	authorized by the corpora	oration submits this statement for the purpose of tion's board of directors. I hereby accept the appopulation of the purpose o	changing its registered ointment as registered
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office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the Sta arm familiar with, and accept the obli- Signature, typed or printed name of registered ac- OFFICERS A President Emanuel N. Logo 440 No. Country Atlantis, Ff.	te of Florida. Such change was igations of, section 607.0505, Floring and title Kapplicable (NUD DIRECTORS) DELETE Othetis	authorized by the corporal orida Statutes. OTE: Registered Agent signature re 13. 1.11/TLE 1.2 NAME 1.3 STREET ADDRESS	oration submits this statement for the purpose of tion's board of directors. I hereby accept the appopulation of the purpose o	changing its registered cointment as registered
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14. I hereby certify that the information explained 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 of supplemental adjust report is tripe and accurate and that my signature shall have the same legal effect as if made under out; that I am an officer or director of the composition or the resolver 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 ctranget of the resolver of the composition of the resolver 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 ctranget of the resolver of the composition of the composition of the resolver o