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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700030471 1. Corporation Name

ELAN INDUSTRIES, INC.

Principal Place of Business						
301	ENTERPRISE STREET					

Mailing Address

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90147 033 \*\*\*150.00



SL	1 enterprise street Jite a Coee FL 34761	301 ENTERPRISE STREET SUITE A OCOEE FL 34761		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed  04/03/1997					
2.	Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For					
21		26		<b>59-3472626</b> Not Applicable	ŀ				
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired Fee Required					
23	City & State	City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees					
24	Zip Country	Zip Cou 29 30	ntry	try  8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
	WEINSTEIN, NEAL ESQ		81	81 Name					
601 NORTH FRANKLIN STREET			82	Street Address (P.O. Box Number is Not Acceptable)					
			83	33					
	IAMI A I C 33002		84	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				DAT		
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Re	gistered Agent signature re	ADDITIONS/CHANGES TO OFFICER		RS IN 12
12.	OFFICERS AND DIRECTORS	☐ DELETE	1.1 TITLE	ADDITIONS/ORANGES TO OFFICER	Change	Addition
TITLE	ט	D pereie				
NAME	COOK, STEVEN M		1.2 NAME			ì
STREET ADDRESS	3115 LAKESTONE DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33618		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	WITHEE, KAREN		2.2 NAME			
STREET ADDRESS	2402 SILVER FOREST LANE		2.3 STREET ADDRESS			}
CITY-ST-ZIP	LUTZ FL 33549		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
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			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4,4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE .		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME	i i		6.2 NAME			
STREET ADDRESS	·		63 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	in Section 410 07/2)() Florida Statutos I furthe		

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 informationated 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, with all other like empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813.673-8510