## 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 # P9700050394

E.L.O., INC.

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90097 017 \*\*\*150.00



| Discipal Disco of Business   |   |  |   |  |   |                  |
|--|---|--|---|--|---|------------------|
| Principal Place  | e of Business   | Mailing Address  |   | 1  |   | ور م             |
| 865 NE 62ND 9  | STREET  | 865 NE 62ND STREET   |   | شعيست عرار معادل المساور   | و د مدیستون د سه پیمی   |                  |
| FT. LAUDERDA   | LE FL 33334   | FT. LAUDERDALE FL 33334  |   | المراجعة الم |   |                  |
|  |   |  | ţ,  | DO NOT WRITE IN  | THIS SPACE  | <u> </u>         |
|  |   |  |   | 3. Date Incorporated or Qualified 06/06/1997   |   |                  |
| 2. Principal P   | Place of Business   | 2a. Mailing Address  |   | 4. FEI Number  | Applied For   | 7                |
| 21   |   | 26   |   | 65-0760623   | Not Applicable  | 7                |
| Suite, Apt.  |   | Sulte, Apt. #, etc.  |   |  | \$8.75 Additional   | ╗                |
| 22   |   | 27   |   | 5. Certificate of Status Desired   | Fee Required  | * ** <b>=</b>    |
| City & Stat  |   | City & State   | <del></del>   | 6 Floation Compaign Financing  | \$5.00 Hands  |                  |
|  | id.   | <b>├</b> ─¬ '  | F-12.9  | 6. Election Campaign Financing   | \$5.00 May Be<br>Added to Fees  | -                |
| 23   |   | 28   | O-untri   | Trust Fund Contribution  |   | -                |
| Zip  | Country   | Zip  | Country   | 8. This corporation owes the current y   |   | j                |
| 24   | 25  | 29 3   | 0   | Personal Property Tax.   | ☐ Yes ☐ No  | 4                |
|  | 9. Name and Address of Current  | Registered Agent   |   | 10. Name and Address of New Regis  | tered Agent   | -                |
|  | In Prv  |  | 81 Name   |  |   |                  |
|  | IRI, ELY  |  | 82 Street Ad  | Idress (P.O. Box Number is Not Acceptable)   |   | 1                |
| 865  | NE 62ND STREET  |  | JUZ SHEEL AU  | duess (F.O. DOX Number is Not Acceptable)  | •   | i                |
| FT. I  | Lauderdale fl 33334   |  | 83  |  |   | 1                |
|  | •   |  |   |  |   |                  |
|  |   |  | 84 City   |  | FL 85 Zip Code  | 1                |
| _11 Pursuant   | to the provisions of Sections 607 0502  | and 607 1508; Florida Statutes                                     | the above named co  | rporation submits this statement for the purp  | ose of changing its registered  | 7=               |
| office or r<br>agent. I a  | registered agent, of both, in the State of<br>im familiar with, and accept the obligation       | f Florida. Such change was aut<br>one of, Section 607.0505, Florid | horized by the corpora<br>a Statutes.   | ation's board of directors. I hereby accept the  | appointment as registered   |                  |
| SIGNATURE  | W/7 6546  |  |   | 4/   | 8/99  | 1                |
|  | Signature, typed or printed name of registered agent a  | and title if applicable. (NOTE: Re                                 | egistered Agent signature requ  | uired when reinstating)  | ATE   | خے ا             |
|  |   |  |   |  |   | ⊣ യ              |
| 12.  | OFFICERS AND  |  | 13.   | ADDITIONS/CHANGES TO OFFICE  |   | 7 88             |
| 12.  | PD  | DIRECTORS  | 13.<br>1.1 TITLE  | ADDITIONS/CHANGES TO OFFICE  | RS AND DIRECTORS IN 12 Change Addition  | (11/98           |
|  |   |  |   | ADDITIONS/CHANGES TO OFFICE  |   | 34.(11/98        |
| TITLE<br>NAME  | PD<br>OSHRI, ELY  |  | 1.1 TITLE<br>1.2 NAME   | ADDITIONS/CHANGES TO OFFICE  |   | 5034 (1.1/98     |
| TITLE NAME STREET ADDRESS  | PD<br>OSHRI, ELY<br>865 NE 62ND STREET  |  | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS   | ADDITIONS/CHANGES TO OFFICE  |   | 2E034.(1.1/98    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PD<br>OSHRI, ELY<br>865 NE 62ND STREET<br>FT. LAUDERDALE FL 33334                               | □ DELETE   | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP   | ADDITIONS/CHANGES TO OFFICE  | ☐ Change ☐ Addition   | CR2E034 (1.1/98  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | PD<br>OSHRI, ELY<br>865 NE 62ND STREET<br>FT. LAUDERDALE FL 33334<br>SD                         |  | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE   | ADDITIONS/CHANGES TO OFFICE  |   | - CR2E034.(11/98 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PD<br>OSHRI, ELY<br>865 NE 62ND STREET<br>FT. LAUDERDALE FL 33334<br>SD<br>OSHRI, ELIZABETH     | □ DELETE   | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP   | ADDITIONS/CHANGES TO OFFICE  | ☐ Change ☐ Addition   |                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | PD OSHRI, ELY 865 NE 62ND STREET FT. LAUDERDALE FL 33334 SD OSHRI, ELIZABETH 865 NE 62ND STREET | □ DELETE   | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE   | ADDITIONS/CHANGES TO OFFICE  | ☐ Change ☐ Addition   | CR2E034.(1.1/98  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | PD<br>OSHRI, ELY<br>865 NE 62ND STREET<br>FT. LAUDERDALE FL 33334<br>SD<br>OSHRI, ELIZABETH     | □ DELETE   | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME  | ADDITIONS/CHANGES TO OFFICE  | ☐ Change ☐ Addition   | CR2E034 (1.1/98  |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PD OSHRI, ELY 865 NE 62ND STREET FT. LAUDERDALE FL 33334 SD OSHRI, ELIZABETH 865 NE 62ND STREET | DELETE  DELETE   | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP  | -  | Change Addition   |                  |
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I hereby certify that the information supplied with this fling 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 suppliemental 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