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 # P97000055455

ELFIIN	IESS, INC.						
							
Principal Place of Business Mailing Address							
348 N.W. 107TH AVE. PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026					-		-
PEMBRURE PINES FL 33026					DO NOT WRIT	TE IN THIS SPACE	
					3. Date Incorporated or Qualifed		:
					06/23/1997		
Principal Place of Business 2a. Mailing Address		2a. Mailing Address			4. FEI Number		Applied For
21		26		65-0768295		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		5 Additional	
22		27		•	Fee	Required	
<u> </u>		⊢ ′	City & State		6. Election Campaign Financing)0 May Be -
·Zip			Countr	Trust Fund Contribution Country 8 This composition owes the current wa			ed to Fees
24	25	— · —	_ '	y	This corporation owes the curre Personal Property Tax.	ent year Intangible ☐ Yes	√ZNo
24 25 29 30 9. Name and Address of Current Registered Agent		101		10. Name and Address of New R		₩ Z1140	
		<u>g</u>	81	Name	,	egistered Agent	-
LATHAM, ELLEN		-		(0.0.0	,		
348 N.W. 107TH AVE.		82	Street Addre	ess (P.O. Box Number is Not Acceptal	ble)		
PEMBROKE PINES FL 33026		83	3			1000	
ų.			84	City	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
			04	City	•	85 Z	ip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the abov	/e-named corpo	ration submits this statement for the p	ourpose of changing	its registered
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of m familiar with, and adpept the obligati	2 and 607.1508, Florida Statutes of Florida. Such change was auth ions of, Şection 607.0505, Florid	, the above horized by la Statutes	/e-named corpo / the corporation s.	ration submits this statement for the particular of the particular of directors. I hereby accept	ourpose of changing t the appointment as	its registered registered
11. Pursuant office or r agent. I a	. The	-m5nb5			•	purpose of changing the appointment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered agegs	and title if applicable. (NOTE: Re	egistered Age	ve-named corporations.	when reinstating)	1-20-98	<u> </u>
SIGNATURE	Signature, typed or printed name of registered agept OFFICERS ANS	and title if applicable. (NOTE: Re	egistered Age		when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECT	TORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agept OFFICERS ANE	and title if applicable. (NOTE: Re	egistered Age 13. 1.1 TITLE		when reinstating)	1-20-98	TORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agept OFFICERS ANE P LATHAM, ELLEN	and title if applicable. (NOTE: Re	egistered Age 13. 1.1 TITLE 1.2 NAME	ent signature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECT	TORS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agept OFFICERS ANE P LATHAM, ELLEN 348 NW 107TH AVE	and the if applicable. (NOTE: Red D DIRECTORS	egistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTION ☐ Chang	TORS IN 12 ge Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE	Signature, typed or printed name of registered agept OFFICERS ANE P LATHAM, ELLEN 348 NW 107TH AVE	and the if applicable. (NOTE: Red D DIRECTORS	egistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	ent signature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTION ☐ Chang	TORS IN 12 ge Addition
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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, with all other like empowered.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

DELETE

Change

Addition

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90002 027 ***150.00