

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
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000073163 (2)

1. Corporation Name
ELP EQUIPMENT CORP.

Principal Place of Business
801 NE 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

Mailing Address
801 NE 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

FILED
Oct 07 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3890 PARK CENTRAL BVD NO.		26 865 MERRICK AVE		08/22/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		13-3965795	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Pompano Beach, FL		28 WESTBURY, NY		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24 33064		29 11590		30 US	
Country		Country		Country	
25 US		29 11590		30 US	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
UNITED CORPORATE SERVICES, INC. 801 NE 167TH STREET SUITE 300 NORTH MIAMI BEACH FL 33162				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	MICHAEL ASHKIN
STREET ADDRESS		1.3 STREET ADDRESS	3890 PARK CENTRAL BLD. NORTH
CITY-ST-ZIP		1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	CARL ASHKIN
STREET ADDRESS		2.3 STREET ADDRESS	865 MERRICK AVENUE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	WESTBURY, NY 11590
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	MICHAEL CAPUTO
STREET ADDRESS		3.3 STREET ADDRESS	865 MERRICK AVENUE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	WESTBURY, NY 11590
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	SUELLA ASHKIN
STREET ADDRESS		4.3 STREET ADDRESS	3890 PARK CENTRAL BLD. NORTH
CITY-ST-ZIP		4.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	LAURA KATH
STREET ADDRESS		5.3 STREET ADDRESS	865 MERRICK AVENUE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	WESTBURY, NY 11590
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	ASSISTANT SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	HENRY GRANT
STREET ADDRESS		6.3 STREET ADDRESS	865 MERRICK AVENUE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	WESTBURY, NY 11590

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.

SIGNATURE:

HENRY GRANT ASST SECY 9/28/98 576-683-0000

CR2E034 (5/98)