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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000083258 (8)

1. Corporation Name

A. C. ELLIOTT & ASSOCIATES, INC.

Principal Place of Business

5350 NW 181ST TERRACE
MIAMI FL 33055

Mailing Address

5350 NW 181ST TERRACE
MIAMI FL 33055

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5865 NW 194 ST
Suite, Apt. #, etc.

22 City & State
Miami FL

23 Zip Country
33015 USA

24 33015 25 USA

9. Name and Address of Current Registered Agent
ELLIOTT, ANNAMARIE C
5350 NW 181ST TERRACE
MIAMI FL 33055

26 5865 NW 194 Street
Suite, Apt. #, etc.

27 City & State
Miami FL

28 Zip Country
33015 USA

29 33015 30 USA

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE *A. C. Elliott*

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ELLIOTT, REMY P
STREET ADDRESS 5865 NW 194TH STREET
CITY-ST-ZIP MIAMI FL 33015

TITLE SD
NAME DEPAULA, CAROL-ANN L
STREET ADDRESS 5350 NW 181ST TERRACE
CITY-ST-ZIP MIAMI FL 33055

TITLE TD
NAME ELLIOTT, ANNAMARIE C
STREET ADDRESS 5865 NW 194TH STREET
CITY-ST-ZIP MIAMI FL 33015

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CITY-ST-ZIP

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: *A. C. Elliott*

Annmarie Elliott
Treasurer

4/29/98