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

Mailing Address

CORPORATION **ANNUAL REPORT** 

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000083258 (8) **DOCUMENT #** 

A. C. ELLIOTT & ASSOCIATES, INC.

ELLIOTT, ANNAMARIE C

5865 NW 194TH STREET

MIAMI FL 33015

**FILED** May 07 1998 8:00am Secretary of State

|--|

8350 NW 181ST TERRACE MAAM FL 33055		5350 NW 1818T TERRACE MIAMI FL 33055		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
				09/25/1997		
2. Principal P	NW 194 ST	26. Mailing Address 26. 5865 NW	194 Street	4. FEI Number	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	ani P	City & State	G.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 4 ろうC	Country 25 25 USA	29 330/5 30	Country 1384	This corporation owes or has paid the corporate Property Tax due June 30.	urrent year Intangible Yes  No	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
ELLIOTT, ANNMARIE C -5350 NW 181ST TERRACE MIAMI FL 33055			5865 83 City	ess (P.O. Box Number is Not Acceptable) NW 19 4 5 2 5	85 Zip Code	
office or r	egistered agent, or both in the State on familiar with and accept the obligation.	of Horida, Such change was autho trups of, Section 607.0505, Florida	rized by the corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the application of the purpose of the	of changing its registered pointment as registered	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
TITLE	PD	DELETE .	1.1 PITLE		Change Addition	
HAME	ELLIOTT, REMY P	Ĩ	1.2 NAME		Ì	
STREET ADDRESS	5865 NW 194TH STREET		1 3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33015		1 4 CITY - ST - ZIP			
TITLE	SD	☐ DELETE	2 1 TITLE		Change Addition	
NAME	DEPAULA, CAROL-ANN L	<b>(</b> :	22 NAME		ŀ	
STREET ADDRESS	5350 NW 181ST TERRACE	<b>i</b> :	23 STREET ADDRESS			
CATY-ST-ZIP	MIAMI FL 33055		2 4 CITY - ST - ZIP			

14. Thereby cortify 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 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 trustine empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address A Annmaric Ellwt

3.2 NAME

4.1 TITLE 4. 2 NAME 4 3 STREET ADDRESS

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.4 City - ST- ZIP

5.3 STREET ADDRESS 5 4 CITY - ST - ZIP

63 STREET ADDRESS

52 NAME

61 TITLE 62 NAME

DELETE

DELETE

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

alounott

Addition

Addition

Addition

Addition

Change

Change

Change

Change