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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # D07000088316 (0)

ELITE BRICKELL, INC.	00000510 (9)			1) 1901 1111 130 130 130 130 130 130 130 130	
Principal Place of Business	Mailing Address		3 INDICADA (SPIEL JAMES MAILE MAILE ANDIS AND	At Shist laidh lites lidid ailt Ibat	
520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131	520 BRICKELL KEY DRIV SUITE 0-305 MIAMI FL 33131	E	DO NOT WRITE IN 1 3. Date Incorporated or Qualified 10/14/1997	THIS SPACE	
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For	
<u> </u>	26			Not Applicable	
Suite, Apt. #. etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip	Country	8. This corporation owes or has paid th		
4 25	29	30	Personal Property Tax due June 30.	Yes No	
g. Name and Address of Cu	irrent Registered Agent	81 Name	10. Name and Address of New Registe	ered Agent	
FREEMAN, STEPHAN A 520 BRICKELL KEY DRIVE SUITE 0-305		82 Street Ad			
MIAMI FL 33131		84 City		FL 85 Zip Cocle	
 Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Sagent I am familiar with, and accept the of SIGNATURE. 		les, the above-hamed oc authorized by the corpor orida Statutes.	proration's board of directors. I hereby accept the	ose or changing its registered a appointment as registered	
Signature, typed or printed name of registere		F. Registered Agent signature rec	<u></u>	ATE	
	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change Addition	
IIII D	O become	1.1 TITLE		E ∩ rusuße E → votution	
NAME ICKOWICZ, LEO		1.2 NAME			
STREET ADDRESS 520 BRICKELL KEY DRIVE SUITE 0-305		1.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI FL 33131	DELETE	1.4 CITY - SY - ZIP 2.1 TITLE	TIME DIES, DON'T	Change Addition	
PURUCO, MI	~ <i>\u0</i>	2.2 NAME	Podost Many	The prise the variation	
NAME STREET ADDRESS 16135 BISC	AY & BUD.	1	PORDES, MINDY 16135 BISCAYNE	RIVD.	
	23100	2.3 STREET ADORESS	16136 BISCAMO	01	
CITY-ST-ZIP N. MIAMI FC	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	N. MI AMI TO 201	Change Addition	
NAME	المحدد الم	3.2 NAME	-		
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-SI-ZIP		3.4. CITY-ST-ZIP			
TILE	DELETE	4.1 TITLE		Change Addition	
NAME		4. 2 NAME			
STREET ADDRESS		4.2 NAME 4.3 STREET ADDRESS			
CITY-ST ZIP		4.4 CITY-ST-ZIP			
TITLE	DELETE	5.1 TiTLE		Change Addition	

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 supplierental 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 this corporation or the deciver 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 or the attachment with an address.

SIGNATURE:

SIGNATURE:

5.2 NAME 5 3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

5.4 CITY - ST- ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

Change

Addition

FILED

Mar 23 1998 8:00am

Secretary of State