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Secretary of State

03-01-1999 90115 023 ***150.00

USA/FL/03

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000091770**

1. Corporation Name
ELLIOTT INDUSTRIES, INC.

Principal Place of Business
**6011 MEDICI COURT #306
 SARASOTA FL 34243**

Mailing Address
**6011 MEDICI COURT #306
 SARASOTA FL 34243**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/24/1997

2. Principal Place of Business
435 GULFSTREAM AV. SO.

2a. Mailing Address
435 GULFSTREAM AV. SO.

4. FEI Number
65-0789354

Applied For
 Not Applicable

Suite, Apt. #, etc.
SUITE 706

Suite, Apt. #, etc.
SUITE 706

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State
SARASOTA, FLORIDA

City & State
SARASOTA, FLORIDA

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip Country
34236 USA

Zip Country
34236 USA

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PROSPERI, MICHEL
 6011 MEDICI COURT #306
 SARASOTA FL 34243**

81 Name **MICHEL PROSPERI**
 82 Street Address (P.O. Box Number is Not Acceptable)
435 GULFSTREAM AVE SO.
 83 **SUITE 706**
 84 City **SARASOTA** FL 85 Zip Code **34236**

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PROSPERI, JEANNINE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROSPERI, JEANNINE E	1.2 NAME	PROSPERI, JEANNINE
STREET ADDRESS	6011 MEDICI COURT #306	1.3 STREET ADDRESS	60 ELLIOTT INDUSTRIES, INC.
CITY-ST-ZIP	SARASOTA FL 34243	1.4 CITY-ST-ZIP	P.O. BOX 49434 SARASOTA, FLORIDA 34230
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	PROSPERI, MICHEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROSPERI, MICHEL	2.2 NAME	PROSPERI, MICHEL
STREET ADDRESS	6011 MEDICI COURT #306	2.3 STREET ADDRESS	60 ELLIOTT INDUSTRIES, INC.
CITY-ST-ZIP	SARASOTA FL 34243	2.4 CITY-ST-ZIP	P.O. BOX 49434 SARASOTA, FL 34230
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99
 Date

941 366.2959
 Daytime Phone #

CR2E034 (11/98)