## 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 # P97000094495 (3)

## **FILED** Apr 01 1998 8:00am Secretary of State

ELIZABETH E. JAMES AND ASSOCIATES, INC.					: 0:0:: 8:0:0 :0:0: 0:0: 18 <b>*</b> )	
Principal Place of Business Mailing Address					I OD BITODI AEB KBIILI TODIE OBIIK ODIKI ODIKI DUKIN TULIU IDII	f Blillig Blillig Stilbi Bint debi
11300 86TH AVENUE NORTH 11300 86TH AVENUE NORTH SEMINOLE FL 33772 SEMINOLE FL 33772			TH		DO NOT WRITE IN THIS:	SPACE
					3. Date Incorporated or Qualified	
					11/04/1997	
	Principal Place of Business 2a, Mailing Address				4. FEI Number	Applied For
26     Suite, Apt, #, etc.   Suite, Apt, #, etc.				59-3485-456	Not Applicable \$8.75 Additional	
<b>–</b>		27			5. Certificate of Status Desired	Fee Required
		City & State	& State		6, Election Campaign Financing	\$5.00 May Be
23	[28]				Trust Fund Contribution	Added to Fees
Zip	Country	Zip Cour		,	8. This corporation owes or has paid the cur	rent year Intangible
24	25		0			Yes No
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Registered	Agent
JAMES, ELIZABETH E				Name		
11300 88TH AVENUE NORTH			82	82 Street Address (P.O. Box Number is Not Acceptable)		
SEMINOLE FL 33772			83			
			84	City		85 Zip Code
					FL FL	
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 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						
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 regelered age	on and Oh, if professible (NOTF)	Registered An	not signature to	oquired when reinstating) DATE	
12.		D DIRECTORS	13.	on agrain o	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PRES. / SEC DELETE 1.11		1.1 TITLE			Change Addition
NAME	JAMES, ELIZABETH E. 12N		1.2 NAME			
STREET ADDRESS	JAMES, ELIZABETH E. 12 11300 BETH AVENUE NORTH 13 SEMINOLE, FL 33772		1.3 STREE	ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33772 14		1.4 CITY-	ST-ZIP		
TITLE	OFFICE BATT		2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS	SS		2.3 STREE	1		
CITY-ST-ZIP TITLE	DELETE		2. 4 CITY-ST-ZIP 3.1 TITLE			Change Addition
NAME	<b></b>		3.2 NAME		• ••	
STREET ADDRESS			3.3 STREE	ADDRESS		
CITY-ST-ZIP			3.4 CITY-	ST-ZIP		
TITLE			4.1 TITLE			Change Addition
NAME	4, 2		4. 2 NAME	1		
STREET ADDRESS	HESS 4		4.3 STREE	ADDRESS		
CITY-ST-ZIP			4.4 CITY - 5	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	ST-ZIP		Change Addition
TITLE			6.1 TITLE			
NAME			6.2 NAME	4000E00		ļ
STREET ADDRESS			6.3 STREE	1		
CITY-ST-ZIP	certify that the information supplied w	rith this films does not qualify for	6.4 CITY - S		in Section 119.07(3)(i). Florida Statutes. I further ce	ertify that the Information

Thereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 1.19.07(5)), Florida Statutes. I hortier certify that it am an indicated on this annual report or supplied with statutes in add 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 Chapter 6, or on an attachment with a doress.