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

FILED Jun 17 1998 8:00am Secretary of State

1	MENT # P9700 ELL HOLDINGS, INC.	0096569	(3)		
Principal Plac	e of Business	Mailing Address			
GLADES BUILDING. SUITE 303 877 EXECUTIVE CENTER DRIVE WEST ST PETERSBURG FL 33702		GLADES BUILDING, SUITE 303 877 EXECUTIVE CENTER DRIVE WEST ST PETERSBURG FL 33702			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
2. Principal Place of Business 21		2a. Mailing Address 26			11/12/1997 4. FEI Number Applied For Not Applied For Not Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Ζ(p	30	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	g, Name and Address of Curre				10. Name and Address of New Registered Agent
MASCARA, ERNEST L GLADES BUILDING, SUITE 303 877 EXECUTIVE CENTER DRIVE WEST ST PETERSBURG FL 33702				81 Name 82 Street 83 84 City	Address (P.O. Box Number is Not Acceptable)
					FL
SIGNATURE	Signature: type of or printed name of registered as	eni met ble it appersable ID DIRECTORS	(NOTE Re		d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I heroby accept the appointment as registered as registered as registered as registered as registered as registered when reinstating. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD	[] [JE	LFTE	1.1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	MASCARA, ERNEST L 877 EXECUTIVE CVENTER D	D WEST		1.2 NAME	
CITY-ST-ZIP	ST PETERSBURG FL 33702	n WEST		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE NAME	gr relenoporta re soroe	DE	LETE	2 1 7 ITLE 2.2 NAME	P-D Change Addition
STREET ADDRESS				2.2 NAME 2.3 STREET ADDRESS	51. PETERSOURG, PL 35700 SUITE 303
CITY-ST-ZIP				2 4 CITY-ST-ZIP	
TITLE NAME		L_J DE	TE IF	3 1 TITLE	Change Addition
STREET ADDRESS				3 2 NAME 3 3 STREET ADDRESS	
CITY-ST-ZIP				3.4. CITY-ST-ZIP	
TITLE		DE	ITTE .	4.1 Title	Change Addition
NAME				4. 2 NAME	·
STREET ADDRESS				4.3 STREE1 ADDRESS	
CITY-ST-ZIP				4.4 CITY - ST - ZIP	
TITLE		□ DE	LETE	5.1 YITLE	Change Addition
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP		——————————————————————————————————————		5.4 CHY-SI-ZIP	
TITLE		□ DI	Lt. IL	61 TITLE	Change Addition
NAME CERTAIN ADDRESS				62 NAME	700002544557 \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
STREET ADDRESS				6.3 STREET ADDRESS	***\$850.80
CITY-ST-ZIP				6.4 CITY-ST-7IP	<u>*****Ου30**</u> V

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.

11-20-65