2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P98000008085

ELITÉ PUBLICATIONS, INC.



FILED Apr 15, 2004 08:00 AM Secretary of State

Principal Place of Business 1700 PALM BEACH BLVD

SIGNATURE:

SUITE 1000 WEST PALM BEACH, FL 33401 Mailing Address

1700 PALM BEACH BLVD SUITE 1000 WEST PALM BEACH, FL 33401





03032004 No Chg-P CR2E034 (10/03)

4. FEI Number	Applied For
65-0814188	 Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

SPILLIAS, KENNETH G 1700 PALM BEACH BLVD. STE. 1000 WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

			1			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Reg	gistered Agent signature	required when rematizing)	DAYE	
	E NOW!!! FEE 5 \$160.00 uy 1, 2004 Fee will be \$550.00	 Election Campaign i Trust Fund Contribut 		\$5.00 May Be Added to Fees	U00000114239	
10.	OFFICERS AND DIREC	CTORS			CONTROL TOR CLOSE LOSS LINE	
TETLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUGHON-PELL, GWENDOLYN 1700 PALM BEACH BLVD SUITE 100 WEST PALM BEACH, FL 33401	0				
TITLE NAME STREET ADGRESS CITY-ST-ZIP	PS HENDERSON, ELLEN 1700 PALM BEACH BLVD SUITE 100 WEST PALM BEACH, FL 33401	0				
TITLE RAME STREET ADDRESS CRY-ST-ZP				DO	NOT WRITE	
TITLE MALKE STRIET ADDRESS CITY-ST-ZP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutas. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
CICHATURE, CHILANDER OF MILL CONSENSORIUM L. TOLL DIRECTOR 1757) 461-5500						