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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000035860 1. Corporation Name

ELMIT CORP.

Principal	Place of	Business

Mailing Address

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90039 021 ***150.00



1127 SEMINOLE SUITE 32A JUPITER FL 334	SUITE 32A			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/21/1998				
	ace of Business	2a. Mailing Address			4. FEI Number	App	plied For	
21 //27	SEMINORE EAST	26			65 0829317		t Applicable	
Suite, Apt. 1	#, etc. A	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Rec		
City & State		City & State			6. Election Campaign Financing	\$5:00	May Be	
23 70/	OITER,	28			Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	Country	!	8. This corporation owes the current year			
24 <i>3347</i>	7 25 PBC	29 3	0		Personal Property Tax.		□No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registere	ed Agent		
***	DH 4140/FD		81	Name				
AMERILAWYER			82	2 Street Address (P.O. Box Number is Not Acceptable)				
	ALMERIA AVENUE		i					
COR	AL GABLES FL 33134		83					
			84			85 Zip C		
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 Signature typed or printed pame of registered agent and title if authorities. (NOTE: Registered Agent signature required when reinstating)								
	Signature, typed or printed name of registered age		13.	nt signature requiri	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
12.		ID DIRECTORS	1.1 TITLE	1	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition	
TITLE	PSTD	Deter						
NAME	DONOVAN, TIMOTHY E		1.2 NAME	1				
STREET ADDRESS	1127 SEMINOLE EAST			TADDRESS				
CITY-ST-ZIP	JUPITER FL 33477		1.4 CITY-5	ST-ZIP		Change	Addition	
TITLE		☐ DELETE	2.1 TITLE			Change	[] Addition	
NAME			2.2 NAME				}	
STREET ADDRESS			2.3 STREE	TADDRESS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME			3.2 NAME				}	
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE	• 6	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME	:		4. 2 NAME					
STREET ADDRESS	& v		4.3 STREE	TADDRESS				
CITY-ST-ZIP	دَيّ		4.4 CITY-S	ST-ZIP				
TITLE	70	☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-5	ST-21P				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
			6.2 NAME	`		-		
NAME			1	T ADDRESS				
STREET ADDRESS			84 CITY-S					

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:

PEOLIDED