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**PROFIT** CORPORATION ANNUAL REPORT 1999



DOCUMENT # POROCO36410

DIVISION OF CORPORATIONS

## Apr 22, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

04-22-1999 90081 012 \*\*\*150.00

1. Corporation	Name	000110					
HOLLY-ELLIOTT INVESTMENT CORPORATION							
					L KROKKOOL KUO KOOLI POKK OOKIK DOKK EDIKI OOK	EL AULE CHIII BIEL	
Principal Place of Business Mailing Address					1 (881188) (16 (816) 18(5) 88511 83113 85114 88		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3140 SOUTH OCEAN BLVD. 3140 SOUTH OCEAN BLVD.							
SUITE 206-SOUTH SUITE 206-SOUTH					DO NOT WRITE IN THIS SPACE		
PALM BEACH FL 33480 PALM BEACH FL 33480					3. Date Incorporated or Qualifed		
					04/21/1998		ļ
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	A	oplied For
<u> </u>					65-0829/32	No.	ot Applicable
21   26   Suite, Apt. #, etc. Suite, Apt. #, etc.			_			\$8.75	Additional
22 27				<del>-</del>	5. Certifcate of Status Desired	. Fee Re	equired
City & State City & State			_		6. Election Campaign Financing	\$5.00	May Be
23 28					Trust Fund Contribution	Added	to Fees
Zip			Country		8. This corporation owes the current year		_
24	25 29		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		<del></del>	10. Name and Address of New Register	ed Agent	
			81	Name			
PACKER, JEFFREY E.S.			82	Street Add	fress (P.O. Box Number is Not Acceptable)		
3140 SOUTH OCEAN BLVD.			<u> </u>				
SUITE 206-SOUTH			83		•		
PALM BEACH FL 33480			84	City		85 - Zip	
				'	<u> </u>		1/1 12
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	tes, the abov	e-named cor the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its pointment as re	s registered egistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Statutes	i.	•		
SIGNATURE					pad when reinstating) DATE		\
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R			nt signature requir	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
12.	OFFICERS AND DIRECTORS  Delete		13.		ADDITIONS/GHANGES TO STEFFEE	Change	Addition
TITLE	D DACKED ICCORN E.S.		1.2 NAME				
NAME	PAONEN, SEFFRET C.O.			T ADDRESS			,
STREET ADDRESS			1.4 CITY-S		•		ł
CITY-ST-ZIP	□ DELETE ■		2.1 TITLE	11-21		Change	☐ Addition
NAME	υ – <u> </u>		2.2 NAME				
	DANDINGO I ADILLII, WAIL II			T ADDRESS			
STREET ADDRESS	· ·		2. 4 CITY-				
CITY-ST-ZIP TITLE	TALIN DEACH FE 33700	DELETE 3.11				Change	Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4. CITY-				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP	,		4.4 CITY+5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition {
NAME	5.21		5.2 NAME				}
STREET ADDRESS	5.3		5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY- S	ST-ZIP			
TITLE			6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
							J

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 an an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

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