PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000072658

1. Corporation Name

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90012 010 ***150.00

	ELRY, INC.				
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Principal Place	e of Business	Mailing Address		# 18071804 119 10107 1811 0844 antel antel antil 1	8010 I(414 0)121 Bijo) (911 jes)
P.O. BOX 7722	15	P.O. BOX 772215			
CORAL SPRINGS FL 33077 CORAL SPRINGS FL 33077				DO NOT MOTE IN THE	CDACE
	•			DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
				08/19/1998 4. FEI Number	I Amiliad For
	Place of Business	2a. Mailing Address		65-0857869	Applied For
21		26		63-082 7887	Not Applicable - \$8.75-Additional-
		- Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
L l		City & State		A Flashin Compains Financing	\$5.00 May Be
				6. Election Campaign Financing Trust Fund Contribution	Added to Fees
23	. Country	Zip	Country	This corporation owes the current year Int	·
Žip		— · -	30	Personal Property Tax.	Yes □No
24	9. Name and Address of Current	_ 		10. Name and Address of New Registered	
 	3. Maine and Address of Culterin	Indiana ula uni	81 Name		
HAM	IMER, DEBBY				
253 NW 123RD WAY			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
CORAL SPRINGS FL 33071			83		
	01 THIT OF 12 0001				
	• .		84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes.			the shows seemed a		changing its registered
office or r	registered agent, or both, in the State o	of Florida. Such change was aut	thorized by the corpor	ation's board of directors. I hereby accept the appoin	intment as registered
agent. I a	am familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Statutes.		ļ
SIGNATURE			Registered Agent signature req	urized when reinstating) DATE	
12.	Signature, typed or printed name of registered agent	and ude it applicable. (NOTE, r	tegislereti Alberit signature req	forted when remarking)	
TITLE		DIRECTORS	13	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12 ☐ Change X Addition
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NAME			1.1 TITLE 1.2 NAME	PRES, SELY DEBBY HAMMER	
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CITY-ST-ZIP 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: