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

**PROFIT** CORPORATION ANNUAL REPORT 1999

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90238 047 \*\*\*150.00

## DOCUMENT # P98000086930 1. Corporation Name

**ELEMENTAL INVESTMENT CO INC** 

Principal Place of Business Mailing Address									- I EMBIJORA IIM INIMI INIMI ABIJI NAMI ABIJI	)#:#1 I#II# #II:# I#I## I	KIINI WOII KOOK
2164 GENOVA DRIVE 216			164 GENOVA DRIVE								
OVIEDO FL 32765-7226 OVIEDO FL 32765-7226									DO NOT WRITE IN	THIS SPACE	
									3. Date Incorporated or Qualifed	HIS SPACE	
									· ·		
2. Principal Place of Business 2a. Mailing Address									10/09/1998 4. FEI Number	T Anr	olied For
					diess				59 2537/44		Applicable
Suite Apt # etc				Suite, Apt. #, etc.					2/ 22//61/	\$8.75 A	
Suite, Apt. #, etc.				27					5. Certifcate of Status Desired	Fee Red	
City & State				City & State					6. Election Campaign Financing	\$5.00	May Re
23			28	28					Trust Fund Contribution	Added to	
Zip							Country		8. This corporation owes the current year	r Intangible	
24	25 29			30	30			Personal Property Tax.	∐ Yes ·	MNo	
9. Name and Address of Current Registered A				stered Agent	15-1	T			10. Name and Address of New Registe	red Agent	
						81 Name					
MASSAR, MARC						82 Street Add			ess (P.O. Box Number is Not Acceptable)		
2164 GENOVA DRIVE						oz Sireei Ac					
OVIEDO FL 32765-7226						83					
						84	1	City		85 Zip C	Code
								•		FL	
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.											registered gistered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE:						ered Ager	nt sig	nature required	when reinstating) DAT	E	
12. OFFICERS AND DIRECTO				CTORS	1	13.			ADDITIONS/CHANGES TO OFFICER		
TITLE				☐ DELETE	1.1	1 TITLE		P		☐ Change	Addition
NAME					1.2 NA		1.2 NAME		lare Massar		
STREET ADDRESS	, <u> </u>				1.3 \$		1.3 STREET ADDRESS		lare Massar 164 Genova Drive Dviedo, FL 32765		
CITY-ST-ZIP	_				1.4	4 CITY-S	T-ZI	$P \cup O$	viedo, FL 32765		
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CITY-ST-ZIP	) ·	<u>:</u>	*		.2.	4 CITY-S	ST-Z	1P			
TITLE				☐ DELETE	3.1	1 TITLE				Change	☐ Addition
NAME					3.2	2 NAME					
STREET ADDRESS					3.3	3 STREE	TAD	DRESS			
CITY-ST-ZIP					3.4	4. CITY-S	ST-Z	JP .			
TITLE				☐ DELETE	4.1	1 TITLE		i		Change	☐ Addition
NAME					4.	2 NAME					
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CITY-ST-ZIP					_	4 CITY-S	T-ZI	.Р	<u> </u>	Chares	
TITLE				☐ DELETE		1 TITLE		Ì		Change	☐ Addition
NAME	]					2 NAME					
STREET ADDRESS					5.3	3 STREE	TAD	DRESS			i

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** 

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

Change

☐ Addition