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

**PROFIT** CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 29 1997 8:00am

## Sandra B. Mortham

	JAL REPORT 1997	Secretary DIVISION OF CO		Secreta	ary of State
DOCUI 1. Corporatio	MENT # \$92896 AL ELEMENTS, INC.	(7)			81811 81811 81811 81811 81811 81811 8181
Principal Plac	e of Business	Mailing Address			STATE CORNEL CORNEL CORNEL STATE CORNEL
210 MOODY AVE.		210 MOODY AVE.			
APT #2 A		APT #2		1	
TAMPA FL 33609 US		TAMPA FL 33609-3363 US		3. Date Incorporated or Qualified 11/08/1991	3a. Date of Last Report 05/01/1996
	Place of Business WEST CHARTER ST.	2a. Mailing Address 26 1207 WEST (	HARTER ST.	4. FEI Number 59-3132065	Applied For Not Applicable
Suite, Apt.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23 TAME	PA, FL	28 TAMPA, F-L		Trust Fund Contribution	Added to Fees
Zip 3360	Country	Zip 271.02	Country S	8. This corporation has liability for	
24 3360	25 US 9. Name and Address of Current		00	Florida Statutes  10. Name and Address of New Re	Yes No
RRA	CKIN, JOHN E.		81 Name 4		
				DEACKIN, JOHN E.  dress (P.O. Box Number is Not Acceptable)	
	IPA FL 33809		120	7 WEST CHARTER	STREET
			83		
	_		84 City	11124	85 Zip Code
dd D	4- 1	C 4500 Florido Statuto		HMPA	FL 33602
office or i	registered agent, or both, in the State (	of Florida. Such change was au	thorized by the corporal	oration submits this statement for the parties to be statement for the parties of the th	of the appointment as registered
agent. La	am familiar who and accept the obliga	tions of, Section 607.0505, Flori	da Statutes.		12, 100
SIGNATURE	Signature, typed or profed name of registered agen	ot and tille if applicable (NOTE:	Registered Agent signature requi	rød when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P COUNT TOWARD	DELETE	1.1 TITLE		Change L Addition
NAME	BRACKIN] JOHN EDWARD 210 S MOODY AVE S2		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33609		1.3 STREET ADDRESS		
TITLE	<u> </u>	DELETE	2.1 TITLE		Change Addition
NAME	BEACKIN, JOHN EDI 1207 WEST CHARTE	MARD	2.2 NAME		
STREET ADDRESS	1207 WEST CHARLE	K SIKE!	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 334	02_	2.4 CITY-ST-ZIP		
TITLE		L DELETE	3.1 TITLE		Change L Addition
NAME STREET ADDRESS			3.2 NAME  3.3 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME	•	
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-SI-ZIP		☐ DELETE	4.4 CiTY - ST - ZiP		Change Addition
NAME		רי מנוניונ	5.1 TITLE 5.2 NAME		Financial Fil Woulded
STREET ADDRESS			5.3 STREET ADDRESS		
CITY ST-ZIP		<u> </u>	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		
City-St-ZiP	by certify that the information supplied	with this illing ones not qualify	for the exemption states	d in Section 119.07(3)(i), Florida Statute	es. I further certify that the
informatic	on indicated on this annual eport or so	upplemental anguld report is tru	ie and accurate and that	t my signature shall have the same legg rt as required by Chapter 607, Florida S	al effect as if made under oath; that I
appears	in Block 12 or Block 13 if franged, or	on an attachment with an addre	ess.	. , (8	(13)