				•		
SECOND NOTICE: CORPORATION WILL AMOUNT DUE ON OR BEFORE 9/17/97: \$550	LL BE DISSOLVED ON OR O (IF DISSOLVED, MINIMUM A	AFTER SEPTEMBER	R 17, 1997. STATE: \$750.)	j		
PROFIT CORPORATION	Y TO THE REAL PROPERTY AND ADDRESS OF THE PERTY ADDR	DA DEPARIMENT OF				
ANNUAL REPORT 1997		Secretary of State		FILED		
	2225 (3)		97 OCT 2	7 AM 9: 46	
ELEXPORT INTERNATIONAL	•	- ,	٠.	SECRETAI TALLAHAS	RY OF STATE SEE, FLORIDA	
Principal Place of Business	Mailing Address					
•	Mailing Addres					
118 SPRING CHASE CIRCLE ALTAMONTE SPRINGS FL 32714	118 SPRING C ALTAMONTE S	HASE CIRCLE SPRINGS FL 32714		DO NOT WRITE	E IN THIS SPACE	
	*			3. Date Incorporated or Qualified	3a. Date of Last Report	
				12/20/1991	08/08/1996	
2. Principal Place of Business	2s. Mailing Add	iress		4. FEI Number	Applied For	
21	26			59-3097903	Not Applicable	
Sulte, Apt. #, etc.	Suite, Apt. #			Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be	
23	28			Trust Fund Contribution	Added to Fees	
Zip Country 24 25	Ζφ 29	Countr 30	у	This corporation owes or has personal Property Tax due June	30. Yes No	
	I Current Registered Agent	~	d	10. Name and Address of New Ro	egistered Agent	
WORRALL, GORDON R.	_	81	Name			
118 SPRING CHASE CIRCLE		82	Street Addr	ess (P.O. Box Number is Not Accepta	olo)	
ALTAMONTE SPRINGS FL 3	32714	<u></u>				
		83	š			
		84			FL 85 Zip Code	
 Pursuant to the provisions of Sections office or registered agent, or both, in the agent. I am familiar with, and accept the 	he State of Florida. Such cha	nge was authorized b	w the corporal	oration submits this statement for the ion's board of directors, thereby acce	purpose of changing its registered pt the appointment as registered	
SIGNATURE						
Signature, typed or printed name of reg		(NOTE: Registered Ac	jent signature requir		DATE DIDECTORS IN 18	
12. OFFICE	ERS AND DIRECTORS	13. DELETE 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change Addition	
NAME WORRALL, GORDON I		17 1101		:	E Change E Roution	
440 OBBILIO OLLAGE C		1.2 CTDC1	T ADDRESS			
41.544.61.55	• •		N			
TITLE ALIAMONIE SPHINGS	1	1.4 CITY- 2.1 TITLE	01-711		Change Addition	
NAME	REPORT 26	NAME	. I <i>I</i>			
STREET ADDRESS	ر المورد	W 21 7 1000	1 ADDRESS		•	
CITY-ST-ZIP	12000 26	, " 6	1 ADDRESS S1-ZIP	0000023	404700	
TITLE / TLL65	10010	ELTHOU 3.1 TITLE	""/ +-	-11/06/	37 U 100 Grange (UC) Addition	
NAÎKE	$\sim 10^{\circ}$	3.2 NAME	\mathcal{L}	****16	6.00 ****165.00	
expect annotice	50 101 V	2.2 \$101.0	1 ADDOLOG			

STREET ADDRESS

CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 1ITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY-S1-7(P CITY-ST-ZIP Addition DELETE Change TITLE 6.1 THLF NAME 6.2 NAME

6.4 CITY-ST-7IP CITY-ST-ZIP 14. I do 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 corposition or the receiver or to stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears to Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	1997 DIVISION OF CORPORATIONS						
	MENT # VO2225 ORT INTERNATIONAL, INC.	5 (3)					
						Danii alan alan b irii alan alan ala	A)
Principal Place	e of Business	Mailing Address		 			
118 SPRING CHASE CIRCLE		118 SPRING CHASE CIRCLE					
ALTAMONTE S	SPRINGS FL 32714	ALTAMONTE SPRINGS FL	32714-6519				
					3. Date incorporated or Qualified	3a. Date of Last Repo	ırl
2. Principal P	lace of Business	2a. Mailing Address			12/20/1991 4. FEI Number	08/08/1996 Applie	d For
21		26			59-3097903	F	oplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addi	
22 City & State		City & State				Fee Requir	
23	•	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Mar Added to Fe	
Zip	Country	Zip	Country		8. This corporation has liability for i	nlangible tax under s 19	
24)	9, Name and Address of Currer		0		Florida Statutes 10. Name and Address of New Rec	Yes No	
140	RRALL, GORDON R.	it negligieled Agent	81	Name	TO. Name and Address of New Yor	Jistered Agent	
	SPRING CHASE CIRCLE		82	Street Ad	dress (P.O. Box Number is Not Acceptab	to)	
	AMONTE SPRINGS FL 32714				- Service in the company of the comp		
			83				
			84	City		FL 85 Zip Cod	e -
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statutes	, the above	-named co	prporation submits this statement for the pi	urpose of changing its red	aistered
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig-	of Florida. Such change was au ations of, Section 607.0505, Flori	lhorized by da Slatutes	the corpor	orporation submits this statement for the praction's board of directors. I hereby accept	t the appointment as regi	stered
SIGNATURE					_		
12.	Signature, lyped or printed name of registered ago OFFICERS AN		Registered Ager	nt signature req	aured when reinstaung) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTOR SIL	. 12
TITLE	P	DELETE	1.1 TITLE		357767656774765	——————————————————————————————————————	Addition
NAME	WORRALL, GORDON R.		1.2 NAME	Ĭ			
STREET ADDRESS	118 SPRING CHASE CIR		13 STREFT.	ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	DELETE	1.4 CHY-S1	I - ZIP			1
TITLE NAME		7 precie	21 TITLE 22 NAME	į.		Change] Addition
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP			
TITLE		DELETE	3 1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			33 STREET	1			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY+S 4.1 THLE	1-217		☐ Change	Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET	AODRESS			
CITY-ST-ZIP			4.4 CITY - ST	· ZIP			
TITLE		DELETE	51 TITLE	Ì		Change	Addition
NAME AVACET ADDRESS			5.3 STREET	AUUDEcc			
STREET ADDRESS CITY - ST - ZIP			5.4 CITY - ST	1			
TITLE		☐ DÉLETE	6.1 TITLE			☐ Change ☐	Addition
NAME	}		62 NAME	-			
STREET ADDRESS			63 STREET	1			
CITY-ST-ZIP			6.4 CITY-ST	- ZIP			

14. I do sareby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Hurther certify that the information indicated on the armual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the Lam an officer of director of the corporation or the receiver or trustee emperced 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 of an attachment with an address.

SIGNATURE:

SIGNATURE: