PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V03450

1. Corporation Name

ELVIRA & COMPANY, INC.

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Principal Place of Business Mailing Address									i idāli dilati antan)	1841 BIBIT 81811	#1811 E1E31 1821	,
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LANTANA FL 33463				LANTANA FL 33463					DO NOT WRITE IN THIS SPACE					
			US					-	3. Date incorporated or		TE III TITIO	01 702		\neg
									12/27/1991	Qualita				
2. Principal Pla	and of Division and		2a Maili	na Address				-+	4. FEI Number			A	pplied For	ᅱ
	ace or busines	├	2a. Mailing Address					65-0309702				ot Applicable	e	
21 Suite, Apt. #	# etc		Suite, Apt. #, etc.									Additional	_	
22	ır, c.c.		⊢,	27					5. Certifcate of Status I	Desired			equired	
City & State			City & State					6. Election Campaign F	inancing		\$5.00	May Be	٦	
23	-	28	28				ļ	Trust Fund Contribut	_		•	to Fees	_]	
Zip Country			Zip						8. This corporation owe	s the curi	rent year Int	tangible		
24 25			29	29 30					Personal Property Tax.					
		nd Address of Cur	rent Registered	Agent					10. Name and Address	of New	Registered	Ágent		4
						81	Name							
	tillo, fern				82	2 Street Addr		dress (P.O. Box Number is Not Acceptable)						
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LANI	rana FL 334	6 3				83	j		<i>1</i>					
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office or re	naistered agen	ns of Sections 607.0 t, or both, in the Sta and accept the ob	ate of Florida, Su	ich change was a	utnonzeo	יאחו	tne como	corpora oration's	ation submits this statements board of directors. I her	ent for the eby acce	purpose of pt the appoi	changing it intment as r	s registered egistered	
SIGNATURE														- {
·	Signature, typed or	printed name of registered		· · · · · · · · · · · · · · · · · · ·		Agen	it signature n	required wh	nen reinstating)	e to or	DATE EICEDS AI	ND DIRECT	OPS IN 12	-
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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 of 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 appears with all other like empowered. . - - 1

NING OFFICER OR DIRECTOR

SIGNATURE:

CITY-ST-ZIP

Mar 06, 1999 8:00 am Secretary of State

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