

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

1995  
APRIL 24, 1996



FLORIDA DEPARTMENT OF STATE  
Division of Motor  
Vehicle Services  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

DOCUMENT # V07115

(1)

1996-04-24 9:32

ELAD CONSTRUCTION, INC.

FLORIDA STATE  
TALLAHASSEE, FLORIDA

SEARCHED INDEXED SERIALIZED FILED

MAY 1 1996

4536 ACKERMAN ST  
NEW PORT RICHEY FL 34653

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NEW PORT RICHEY FL 34653

21. **Reason for Change:**  Dissolution  Change of Address  Other \_\_\_\_\_

26. **Office Address:**  
261 South Ave B Apt 100

27. **Date of Incorporation:**  Dissolved  Incorporated  Other \_\_\_\_\_

28. **Date of Last Report:** 01/13/1992 02/24/1994

22. **State of Incorporation:**  Florida  Other \_\_\_\_\_

29. **FEIN Number:** 59-3102315 **Applied For:**  **Not Applicable:**

23. **City & State:** \_\_\_\_\_

27. **City & State:** \_\_\_\_\_

30. **Certificate of Status Desired:**  \$8.75 Additional Fee Required

24. **Florida Statute:**  760.105  760.106  760.107

28. **Florida Statute:**  760.105  760.106  760.107

31. **Florida Statute Desired:**  \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

81. **Name:**

GONZALES, LARRY J.  
6645 RIDGE RD  
PORT RICHEY FL 34660

82. **Street Address / P.O. Box Number:** Not Applicable

83. \_\_\_\_\_

84. **City:** FL **Zip Code:** 85

11. Pursuant to the provisions of Sections 6317(9)(c) and 6317.19(b), Florida Statutes, the above named corporation submits the 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, thereby accepting the appointment as registered agent. I am familiar with, and accept the obligations of, Section 6317.19(b), Florida Statutes.

SIGNATURE

12. **Officer(s) and Director(s) Entitling Corporation to File:**

13. **Officer(s) and Director(s) Entitling Corporation to File:**

14.

12. <b>Officer(s) and Director(s) Entitling Corporation to File:</b>	13. <b>Officer(s) and Director(s) Entitling Corporation to File:</b>	14. <b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>
12.1 <b>NAME:</b> D <b>CAPODANNO, DALE</b> 4536 ACKERMAN ST NEW PORT RICHEY FL	13.1 <b>NAME:</b> 13.2 <b>NAME:</b> 13.3 <b>NAME:</b> 13.4 <b>NAME:</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.2 <b>NAME:</b> 12.3 <b>NAME:</b> 12.4 <b>NAME:</b>	13.5 <b>NAME:</b> 13.6 <b>NAME:</b> 13.7 <b>NAME:</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 <b>NAME:</b> 12.6 <b>NAME:</b> 12.7 <b>NAME:</b>	13.8 <b>NAME:</b> 13.9 <b>NAME:</b> 13.10 <b>NAME:</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 <b>NAME:</b> 12.9 <b>NAME:</b> 12.10 <b>NAME:</b>	13.11 <b>NAME:</b> 13.12 <b>NAME:</b> 13.13 <b>NAME:</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 <b>NAME:</b> 12.12 <b>NAME:</b> 12.13 <b>NAME:</b>	13.14 <b>NAME:</b> 13.15 <b>NAME:</b> 13.16 <b>NAME:</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 <b>NAME:</b> 12.18 <b>NAME:</b> 12.19 <b>NAME:</b>	13.17 <b>NAME:</b> 13.18 <b>NAME:</b> 13.19 <b>NAME:</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.20 <b>NAME:</b> 12.21 <b>NAME:</b> 12.22 <b>NAME:</b>	13.20 <b>NAME:</b> 13.21 <b>NAME:</b> 13.22 <b>NAME:</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.23 <b>NAME:</b> 12.24 <b>NAME:</b> 12.25 <b>NAME:</b>	13.23 <b>NAME:</b> 13.24 <b>NAME:</b> 13.25 <b>NAME:</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, therefore, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 6317.19(b), Florida Statutes. I further certify that the information included in the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and force under law as if it were handwritten on the original or duplicate copy of the report or document so filed or filed or deposited to execute the report as required by Chapter 6317, Florida Statutes, and that it is the original or duplicate or true copy of the original or duplicate copy of the report or document so filed or filed or deposited.

SIGNATURE: *Dale Capodanno*

SIGNATURE AND TWO OTHER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Dale Capodanno*

5-1-96 (813)848-4625

Customer Number