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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Aug 04 1997 8:00am

ANNUAL REPORT 1997		Secretary of State Division of Corporations		Secretary of State		
1. Corporation	MENT # V34231 ELITE, INC.	(3)				
Principal Place of Business		Mailing Address			TIBUT BIRIT BIRIT BIRIT BIRIT BIRIT IRDI	
1600 SE 17TH STREET SUITE 300		1600 SE 17TH STREET SUITE 300				
FT LAUDERDALE FL 33316		FT LAUDERDALE FL 33316-1717		0.100	 	
				3. Date Incorporated or Qualified 04/06/1992	3a. Date of Last Report 04/12/1996	
2. Principal Page 21	lace of Business	2e. Mailing Address 26		4. FEI Number 65-0335456	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional	
City & State	e	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip 24	Country 25	Zip 3	Country 30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes 🔲 No	
241	9. Name and Address of Current			10. Name and Address of New Reg		
	CH, IRA C		81 Name			
1600 SE 17TH STREET SUITE 300			82 Street Addre	dress (P.O. Box Number is Not Acceptable)		
FT LAUDERDALE FL 33316			83			
			84 City		85 Zip Code	
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						
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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.						
SIGNATURE		ALOXE .				
12.	Signature typed or printed name of registered agent OFFICERS AND	DIRECTORS	Registered Agent signature require	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TITLE		Change Addition	
NAME OXDEEX ADDRESS	BEESING, ROBERT 14548 SW 124 PL		1.2 NAME			
STREET ADDRESS CITY-ST-ZIP	MIAMI FL		1,3 STREET ADDRESS			
TITLE	VP .	DELETE	2.1 TITLE		Change Addition	
NAME	BEESING, CHARLES		2 2 NAME			
STREET ADDRESS	5530 SW 109TH AVE FT LAUDERDALE FL		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	LI FUNCTIONE LE	DELETE	2. 4 CHY-ST-ZIP 3.1 TITLE		Change Addition	
NAME		-	3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition	
NAME		La beccie	4.2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS			
CITY-ST-ZIP		1-1	4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		l	
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.9 STREET ADDRESS			
CITY-ST-ZIP 14. I do hereb	ov certify that the information supplied	with this filling does not qualify	6.4 City-St-ZiP for the exemption stated	I in Section 119.07(3)(i). Florida Statutes	: I further certify that the	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 eath; 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 or an attachment with an address.						