

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

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95 MAY 12 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1/36152
1. Corporation Name
ELLIE COMPANY OF ORLANDO

Principal Place of Business Mailing Address
202 Park Ave S
WINTER PARK FL.
32789

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
5-11-92 7-29-94
4. FEI Number Applied For
59-3006334 Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution ☐ Added to Fees
8. The corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
J.R. Sanchez
202 South PARK AVE
WINTER PARK, FL 32789
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0802 and 607.1508, Florida Statutes, 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 _____
Signature (print) of person named as registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	11 TITLE	☐ Change ☐ Addition	
NAME	12 NAME		
STREET ADDRESS	13 STREET ADDRESS		
CITY- ST- ZIP	14 CITY- ST- ZIP		
TITLE	21 TITLE	☐ Change ☐ Addition	
NAME	22 NAME		
STREET ADDRESS	23 STREET ADDRESS		
CITY- ST- ZIP	24 CITY- ST- ZIP		
TITLE	31 TITLE	☐ Change ☐ Addition	
NAME	32 NAME		
STREET ADDRESS	33 STREET ADDRESS		
CITY- ST- ZIP	34 CITY- ST- ZIP		
TITLE	41 TITLE	☐ Change ☐ Addition	
NAME	42 NAME		
STREET ADDRESS	43 STREET ADDRESS		
CITY- ST- ZIP	44 CITY- ST- ZIP		
TITLE	51 TITLE	☐ Change ☐ Addition	
NAME	52 NAME		
STREET ADDRESS	53 STREET ADDRESS		
CITY- ST- ZIP	54 CITY- ST- ZIP		
TITLE	61 TITLE	☐ Change ☐ Addition	
NAME	62 NAME		
STREET ADDRESS	63 STREET ADDRESS		
CITY- ST- ZIP	64 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 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 certified, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
5-12-95
(Date) (Signature Printed Name)