

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V50843** (4)

1. Corporation Name  
**ELLEN'S PLACE, INC.**



Principal Place of Business: **114 N HIGHWAY 27 LADY LAKE FL 32159**  
Mailing Address: **114 N HIGHWAY 27 LADY LAKE FL 32159**

3. Date Incorporated or Qualified: **07/13/1992**  
3a. Date of Last Report: **06/12/1995**

2. Principal Place of Business: **912 C.R. 466 LADY LAKE FL 32159**  
2a. Mailing Address: **912 SE 40th LADY LAKE FL 32159**  
21. Suite, Apt. #, etc.  
22. City & State: **LADY LAKE FL**  
23. Zip: **32159** Country: **LAKE**  
24. Zip: **32159** Country: **LAKE**

4. FEI Number: **59-3134576**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **MEISSE, FRANK 114 N HIGHWAY 27 LADY LAKE FL 32159**  
10. Name and Address of New Registered Agent:  
B1. Name  
B2. Street Address (P.O. Box Number is Not Acceptable)  
B3.  
B4. City  
B5. 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 office or registered agent, 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 obligation of, Section 607.0505, Florida Statutes.  
SIGNATURE: *Frank Meisse* **FRANK MEISSE** DATE: **4-29-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>MEISSE, FRANK</del>	1.2 NAME	
STREET ADDRESS	<del>37130 SHADOW WOOD LANE</del>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<del>FRUITLAND PARK FL</del>	1.4 CITY - ST - ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEISSE, ELLEN</b>	2.2 NAME	
STREET ADDRESS	<del>37130 SHADOW WOOD LN</del>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<del>FRUITLAND PK FL</del>	2.4 CITY - ST - ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEISSE, FRANK</b>	3.2 NAME	
STREET ADDRESS	<b>38909 ROLLING ACRES RD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LADY LAKE FL 32159</b>	3.4 CITY - ST - ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEISSE ELLEN</b>	4.2 NAME	
STREET ADDRESS	<b>38909 ROLLING ACRES RD.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LADY LAKE FL 32159</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 119.07(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 changed, or on an attachment with an address.

SIGNATURE: *Frank Meisse* **FRANK MEISSE** DATE: **4-29-96** (552) 753-4544

CR2E034 (12/95)