

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 S.E. 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 | ST <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEISSE, FRANK | 1.2 NAME | |
| STREET ADDRESS | 37130 SHADOW WOOD LANE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | FRUITLAND PARK FL | 1.4 CITY - ST - ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEISSE, ELLEN | 2.2 NAME | |
| STREET ADDRESS | 37130 SHADOW WOOD LN | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | FRUITLAND PK FL | 2.4 CITY - ST - ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEISSE, FRANK | 3.2 NAME | |
| STREET ADDRESS | 38909 ROLLING ACRES RD | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | LADY LAKE FL 32159 | 3.4 CITY - ST - ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEISSE ELLEN | 4.2 NAME | |
| STREET ADDRESS | 38909 ROLLING ACRES RD. | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | LADY LAKE FL 32159 | 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)