

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

CORPORATION ANNUAL REPORT 1995

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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:33

DOCUMENT # **V70479** (3)  
1. Corporation Name  
**EL-GAZA, INC.**

Principal Place of Business      Mailing Address  
**14860 S MILITARY TRAIL  
DELRAY BCH FL 33484  
US**                                      **14860 S MILITARY TRAIL,  
DELRAY BEACH FL 33484  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/05/1992**                                      **05/01/1994**

4. FEI Number      Applied For  
**65-0364694**                                       Not Applicable

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

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

9. Name and Address of Current Registered Agent  
**STEPIE-EHLERS MARION E.  
375 SHERWOOD FOREST DRIVE  
DELRAY BEACH FL 33445**

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 607.0502 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Agent or Agent's authorized representative of registered agent and the Florida State Department of State)      (Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEPIE-EHLERS MARION E.</b>	12. NAME	
STREET ADDRESS	<b>5335 TENTH FAIRWAY DRIVE</b>	13. STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	14. CITY-ST-ZIP	
TITLE	<b>D</b>	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EHLERS, WALTER</b>	22. NAME	<i>Delete</i>
STREET ADDRESS	<b>5335 TENTH FAIRWAY DRIVE</b>	23. STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	24. CITY-ST-ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I 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)(b), Florida Statutes. I hereby 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 attached sheet with an address.

SIGNATURE: *Marion E. Ehlers*      \* *3/9/95*      *407-637-0031*  
MONITOR AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR      (Type Here)