

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

**FILED**

**Jan 15 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 623701 (0)**  
1. Corporation Name  
**ELM HOLDING CORPORATION**



Principal Place of Business Mailing Address  
**% MARJORIE WEBER**  
**1111 LINCOLN RD., SUITE 610 5237**  
**MIAMI BEACH FL 33140** *La Gorce Drive*  
**US** **33140**  
**6644 WINDSOR LANE**  
**MIAMI BEACH FL 33141-4537**  
**US**

3. Date Incorporated or Qualified **06/01/1979** 3a. Date of Last Report **01/29/1996**

|                                |                     |  |  |
|--------------------------------|---------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number  | Applied For  |
| 21                             | 26                  | <b>04-2022003</b>                                      | Not Applicable   |
| Suite, Apt #, etc.             | Suite, Apt #, etc.  | 5. Certificate of Status Desired                       | <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
| 22                             | 27                  | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>    |
| City & State                   | City & State        | 28   | 29   |
| Zip                            | Country             | 30   | 31   |
| 24                             | 25                  | 32   | 33   |

|  |   |
|--|---|
| 9. Name and Address of Current Registered Agent                                      | 10. Name and Address of New Registered Agent          |
| <b>WEBER, MARJORIE J.</b><br><b>6644 WINDSOR LANE</b><br><b>MIAMI BEACH FL 33141</b> | 81 Name   |
|  | 82 Street Address (P.O. Box Number is Not Acceptable) |
|  | 83  |
|  | 84 City   |
|  | <b>FL</b> 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>PO</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ROSEN, RUTH</b>                        | 1.2 NAME  |   |
| STREET ADDRESS             | <b>20355 NE 34TH CT.</b>                  | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>N MIAMI BCH., FL</b>                   | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>SD</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WEBER, MARJORIE</b>                    | 2.2 NAME  |   |
| STREET ADDRESS             | <b>6644 WINDSOR LN</b>                    | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>MIAMI BCH. FL</b>                      | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>VD</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BADGER, ELLEN</b>                      | 3.2 NAME  |   |
| STREET ADDRESS             | <b>210 NAHANTON ST.</b>                   | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>NEWTON MA</b>                          | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>TD</b> <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>EGBERT, LINDA</b>                      | 4.2 NAME  |   |
| STREET ADDRESS             | <b>433 GUARD HILL RD</b>                  | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>BEDFORD NY</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                                   |   |

**500002060325**  
**-01/16/97--01045--038**  Change  Addition  
**\*\*\*165.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Ruth H. Rosen President** Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

CR2E034 (9/96)