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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 500718 1. Corporation Name

EM MANAGEMENT, INC.

,	
Principal Place of Business	Mailing Address
200 S. ORANGE AVE. SUITE 2800 ORLANDO FL 32801	200 S. ORANGE AVE. SUITE 2800 ORLANDO FL 32801

FILED Feb 08, 1999 8:00am **Secretary of State**

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200 S. ORANGE AVE. SUITE 2800 200 S. ORANGE AVE. SUITE 2800 ORLANDO FL 32801				-	D. 05				
					DO NOT WRITE	E IN THIS S	PACE		
	pro-				 Date Incorporated or Qualifed 04/07/1976 		•		
2 Principal Pl	lace of Business	2a, Mailing Address		4.00.4	4. FEI Number		Ар	plied For	125
— ' .	lace of business	├-			59-1690429			t Applicable	ige.
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Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.			5. Certifcate of Status Desired		Fee Re		
City & State	e	City & State			6. Election Campaign Financing		\$5.00	May Be	
23	•	28			Trust Fund Contribution	<u> </u>	Added t	o Fees	
Zip	Country	Zip	Cou	intry	8. This corporation owes the curre	nt year Intan	gible		
24	25	29	30		Personal Property Tax.		Yes	i⊇No	
24	9. Name and Address of Curren		1001	T	10. Name and Address of New Re	egistered Ag	gent		
	5: Name and Name 25			81 Name					
ARIK	O, JOHN G.JR								
	S ORANGE AVE, #2800			82 Street Ac	ddress (P.O. Box Number is Not Acceptat				
	ANDO FL 32801				11 1 1, var 1 28 - 512 18	- States A	Carrier Commission of the Comm	2011 1971 1971	
OND	ANDO FE SZOOT			83					
				84 City	7 4 5 C 1 5 2 B 1 5 B 1		85 Zip (Code	
				' '		FL			
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the a	bove-named co	orporation submits this statement for the pation's board of directors. I hereby accept	ourpose of ch	nanging its	registered	
	egistered agent, or both, in the State	of Florida. Such change was a	uthorized	d by the corpora	ation's board of directors. I hereby accept	the appoint	ment as re	gisterea	
office or ragent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Fig	ilua Stat	utes.					
office or reagent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Pid		utes.		DATE			
agent. I a	m familiar with, and accept the obligation of signature, typed or printed name of registered ageing	nt and title if applicable. (NOTE	: Registered	utes.	uired when reinstating)	DATE	DIRECTO	DRS IN 12	(80
agent. I a SIGNATURE 12.	m familiar with, and accept the obligation of signature, typed or printed name of registered ageing the object of	nt and title if applicable. (NOTE	: Registered	d Agent signature requ	ADDITIONS/CHANGES TO OFF	ICERS AND			11/98)
agent. I a	Signature, typed or printed name of registered age: OFFICERS AN	nt and title if applicable. (NOTE	: Registered	Agent signature requ		ICERS AND	DIRECTO	DRS IN 12	1/11/08)
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14. I 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 arn 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 a attachment with an address, with all other like empowered.