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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000027842

1. Corporation Name

EMMALU ENTERPRISES INC.

Principal Place of Business

Mailing Address

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90070 045 ***150.00



2. Principal Place of Business Pa. Mailing Address 2. Principal Place of Business Pa. Mailing Address 2. Principal Place of Business Pa. Mailing Address 3. Mailing Address Pa. Mailing Address Pa. Mailing Address					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/05/1995			
2. Principal P	Place of Business	Ra. Mailing Address	20/	Jan	4. FEI Number	,		Applied For
216928	County 18	48 4945 USC 10	TANKE	<u> </u>	NOT APPLICABLE			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired			5 Additional Required
City & State Branena Mon 28 City & State Weersdal Fel					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
24 564	DI 25 Prow Wing	8. This corporation owes the current year Intangible Personal Property Tax. Yes						
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	legistered A	gent	
	S DISCOPRATE		81	Name]
TASSE, PIERRETTE 4945 DOE BRANCH LANE WEIRSDALE FL 32195				82 Street Address (P.O. Box Number is Not Acceptable)				
			84	City		FL	85 Z	ip Code
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligati	f Florida. Such change was aut ons of, Section 607.0505, Florid	horized by ta Statutes	the corporation	on's board of directors. I nereby accep	of the appoin	changing itment as	its registered registered
	Signature, typed or printed name of registered agent			nt signature require	d when reinstating)	DATE	D DIDEC	TODO IN 10
12.	OFFICERS AND	DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO OF	FICERS AN	Chang	
TITLE	P	L] VELETE	1					, , , , , , , , , , , , , , , , , , , ,
NAME	TASSE, PIERRETTE		1.2 NAME	F.100=500				
STREET ADDRESS				TADDRESS			•	
CITY-ST-ZIP	WEIRSDALE FL 32195	DELETE	1.4 CITY-S	T-ZIP			Chan	ge
TITLE	_		2.1 TITLE					
NAME	HABERMAN, LEWIS		2.2 NAME					
STREET ADDRESS	1			T ADDRESS				į
CITY-ST-ZIP	BRINERD NM 56401	□ PCLEZE	2.4 CITY-	T-ZIP			Chang	ge ☐ Addition
TITLE		☐ DELETE	3.1 TITLE				Creati	
NAME			32 NAME					Į
STREET ADDRESS				TADORESS				
CITY-ST-ZIP			34. CITY-5	ST-ZIP			Chan	Addition
TITLE		☐ DELETE	'À1 TITLE				Chang	ge 🔲 Addition
NAME			4. 2 NAME					
STREET ADDRESS	S .			T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE]	☐ DELETE	5.1 TITLE				☐ Chan	ge 🔲 Addition
NAME			5.2 NAME					
STREET ADDRESS	6			T ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	···			
TITLE		☐ DELETE	6.1 TITLE				Chang	ge 🔲 Addition '
NAME			6.2 NAME					
STREET ADDRESS	s		6.3 STREE	TADORESS				
CITY-ST-ZIP	· ·		6.4 C/TY-S	T-ZIP				

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 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; the officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER ORDIRECTOR