

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90012 033 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000038741 ✓
 Corporation Name

EMATO GROUP, INC.



Principal Place of Business
 6405 EMBER AVE.
 COCOA FL 32927

Mailing Address
 P.O. BOX 91
 SHARPEG FL 32959-0091

6405 EMBER AVE.
 COCOA, FL 32927

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1998

4. FEI Number

59 350 8403

Applied For

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 owes the current year Intangible Personal Property. Yes No

Principal Place of Business
 SAME AS ABOVE

2a. Mailing Address

26 SAME AS PR. PLACE OF BUS.

Suite, Apt. #, etc.
 6405 EMBER AVE

27 Suite, Apt. #, etc.

City & State
 COCOA, FLORIDA

28 City & State

Country
 32927 USA

29 Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EMATO
 ZAFFIRI, TAMIE
 6405 EMBER AVE.
 COCOA FL 32927

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

I, the undersigned, 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: *Tamie Amato*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

(SOM) 9/2/99

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DELETE
 D
 ZAFFIRI, TAMIE
 ADDRESS 6405 EMBER AVE.
 ZIP COCOA FL 32927

1.1 TITLE

P/V IT / ST / D / C / M / R

Change Addition

1.2 NAME

TAMIE AMATO ✓

1.3 STREET ADDRESS

SAME

1.4 CITY-ST-ZIP

2.1 TITLE DELETE

2.1 TITLE

Change Addition

2.2 NAME DELETE

2.2 NAME

2.3 STREET ADDRESS DELETE

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP DELETE

2.4 CITY-ST-ZIP

3.1 TITLE DELETE

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE DELETE

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE DELETE

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE DELETE

6.1 TITLE

Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Tamie Amato* REQUIRED

9/2/99

407-639-9895

CR2E034 (5/99)