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PROFIT * CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S52862 1. Corporation Name

SIGNATURE

EMPLOYER'S MANAGEMENT CORPORATION, FIII

Principal Plac	e of Business	Mailing Address				,	•		•
620 17TH STRE	eet w	620 17TH STREET WEST							
PALMETTO FL 34221		8							
US		PALMETTO FL 34221			DO NOT WRITE IN THIS SPACE				
	. ,	US				3. Date Incorporated or Qu	ualifed		
	•					05/10/1991		:	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		A	pplied For
—		— ĭ				65-0262870			ot Applicable
21 Cuita And	# -1-	Suite, Apt. #, etc.				05 0202010	•		Additional
Suite, Apt. #, etc.						5. Certifcate of Status Des	sired []		Additional lequired
22		27			J- ,72-				
City & Stat	te _.	City & State				6. Election Campaign Fina	*		May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes to	he current year In	tängible	
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	t Registered Agent		T		10. Name and Address of	New Registered	Agent	
	The second secon			81	Name				
WILC	COX, DAVID W								
308	COX, DAVID W 13TH ST. W.	(语序型), (A)		82	Street Addre	ess (P.O. Box Number is Not A	Acceptable)		
						\$5.59\$2 \$1.5\$ 12.75		1 1 1 1 1 1 m	. him. John Leep
BRA	DENTON FL 32405			83				I 1881.	
								100 70	**************************************
÷	•			84	City		FI	85 Zip	Code
HOUSE TO THE COST.	to the provisions of Sections 607.0502	2 and 607 1509; Florida Stat	iton the e	hous	named same	protion submits this statement	for the nurnose of	-	heretsines s
office or r	registered agent, or both, in the State o	of Florida. Such change was	authorized	d by th	named corpo ne corporation	in's board of directors. I hereby	y accept the appo	intment as re	egistered
🥴 agent. I a	am familiar with, and accept the obligat	tions of Section 607.0505, F	lorida Stat	utes.	•				-
	· ` • .	1.							
SIGNATURE		·							
SIGNATURE	Signature, typed or printed name of registered agent	at and title if applicable. (NO	TE: Registered	Agent s	signature required	when reinstating) " () ;	DATE		
SIGNATURE	Signature, typed or printed name of registered agent		TE: Registered	Agent s	signature required	ADDITIONS/CHANGES		ND DIRECT	ORS IN 12
	Signature, typed or printed name of registered agent				signature required	ADDITIONS/CHANGES		ND DIRECT	ORS IN 12
12	Signature, typed or printed name of registered agent OFFICERS ANI DC	D DIRECTORS	13.	TLE	signature required				
12 TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI DC GOODSON, MARK W	D DIRECTORS	13. 1.1 TI 1.2 N	TLE AME		ADDITIONS/CHANGES			
12 TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI DC GOODSON, MARK W 620 17TH ST. W.	D DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST	TLE AME TREET A	ADDRESS	ADDITIONS/CHANGES			
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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 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

6.4 CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90057 030 ***150.00