

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 # 280613 ✓

1. Corporation Name
EMBCO, INC.

Principal Place of Business
6917 COLLINS AVENUE
MIAMI BEACH FL 33141

Mailing Address
6917 COLLINS AVENUE
MIAMI BEACH FL 33141

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90285 009 *1,200.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1964

4. FEI Number

59-1038358

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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NESTOR, BRENDA
6917 COLLINS AVENUE
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 understand the provisions of the Florida Statutes.

SIGNATURE

Signature

Registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	POSNER, VICTOR	
STREET ADDRESS	6917 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	COLVIN, MELVIN R	
STREET ADDRESS	6917 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	LAUNER, BLANCHE S.	
STREET ADDRESS	6917 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	POSNER, GAIL	
STREET ADDRESS	6917 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	NESTOR, BRENDA	
STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL 33141	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FIELD, LISA M.	
STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL 33141	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99 (305) 866-7272

0209479

CR2E034 (11/98)