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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F95000002654

1. Corporation Name

EMA ELORIDA, INC.

**FILED** Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90037 029 \*\*\*150.00

### MAILING Address ### MAILING Address ### MAILING Address ### ### MAILING Address ##														
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219			28							1 -	- П			
9. Name and Address of Current Registered Agent  WOLFE, LARRY 200-A JOHN KNOX ROAD TALLAHASSEE FL 32303  82 Street Address (P.O. Box Number is Not Acceptable)  83 Add City FL 85 Zip Code  11. Pursuant to the provisions of Sections 807.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere dispent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere of directors, inherity accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes the corporation's board of directors, inherity accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes the corporation's board of directors, inherity accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes the corporation's board of directors, inherity accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes the corporation's board of directors, inherity accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a special accept the appointment as registered agent. I am familiar with a special accept the appointment as registered agent. I am familiar with a special accept the appointment as registered agent. I am familiar with a special accept the appointment as registered agent. I am familiar with a special accept the appointment as registered agent. I am familiar with a special accept the appointment as registered agent. I am familiar with a special accept the appointment as registered agent. I am familiar with a special accept the appointment as registered agen		Country			Çou	ntry		8. This	corporation	n owes the cu	ırrent year	Intangible	)	
WOLFE, LARRY 200A JOHN KNOX ROAD TALLAHASSEE FL 32303  38   Stricet Address (P.O. Box Number is Not Acceptable)  39   Stricet Address (P.O. Box Number is Not Acceptable)  30   Stricet Address (P.O. Box Number is Not Acceptable)  31   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 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 and accept the obligations of, Section 607.0502. Florida Statutes.  31   Signature		25	29		30						•		s	□No
WOLFE, LARRY 200-A JOHN KNOX ROAD TALLAHASSEE FL 32303  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL  85 Zip Code  86 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 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 and familiar with, and accept the obligations of, Section 607.005. Florida Statutes.  SIGNATURE  Signature, fuend or protect name of mystered agent and title if applicable.  POFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  VPS  THOMPSON, NATHAN  12. NAME  13. TREET ADDRESS  14. CITY.ST.2P  15. TREE HADDRESS  15. TREET ADDRESS  1			rent Registered Ag	ent				10. Nan	ne and Ad	dress of New	Register	ed Agent		
200-A JOHN KNOX ROAD TALLAHASSEE FL 32303  86 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, I hereby accept the purpose of changing was authorized by the corporation's board of directors, I hereby accept the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 6905, Florida Statutes.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. EVS  THE VPS  THOMPSON, NATHAN  11. PAWE  THAMES DRIVE  THAMES DRIVE  FREEHOLD NJ  13. STREET ADDRESS  CITY-ST-ZIP  FREEHOLD NJ  14. CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  20. CANDERRY ROAD  21. STREET ADDRESS  21. STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  33. STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  34. CITY  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THAMES DRIVE  13. STREET ADDRESS  CITY-ST-ZIP  TITLE  14. CITY-ST-ZIP  TITLE  15. TITLE  15. CHANGE  34. CITY-ST-ZIP  15. TITLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THAMES DRIVE  15. STREET ADDRESS  CITY-ST-ZIP  TITLE  15. TITLE						81 1	Name			:				
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B4 City	200-	a John Knox Road				02	Suber Auc		JOX HUITIDE		plabio)			
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 office or registered agent, and both, in the State of Florida. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered office or registered agent, and provided name of registered agent and title if spoiltable. (NOTE: Registered Apent agenture required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  TITLE  VPS  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME  12. NAME  THOMPSON, NATHAN  12. NAME  13. STREET ADDRESS  14. CITY-ST-ZIP  FREEHOLD NJ  ITILE  PTS  NNEUCKER, MICHAEL  22. NAME  33. STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31. TITLE  Change  Add  Add  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME  13. STREET ADDRESS  14. CITY-ST-ZIP  TITLE  DELETE  31. TITLE  Change  Add  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME  13. STREET ADDRESS  14. CITY-ST-ZIP  TITLE  DELETE  31. TITLE  Change  Add  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME  AND DELETE  31. TITLE  Change  Add  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME  AND DELETE  31. TITLE  Change  Add  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME  ADDITIONS/CHANGES T	TALI	AHASSEE FL 32303				83				i				
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 office or registered agent, and both, in the State of Florida. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered office or registered agent, and provided name of registered agent and title if spoiltable. (NOTE: Registered Apent agenture required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  TITLE  VPS  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME  12. NAME  THOMPSON, NATHAN  12. NAME  13. STREET ADDRESS  14. CITY-ST-ZIP  FREEHOLD NJ  ITILE  PTS  NNEUCKER, MICHAEL  22. NAME  33. STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31. TITLE  Change  Add  Add  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME  13. STREET ADDRESS  14. CITY-ST-ZIP  TITLE  DELETE  31. TITLE  Change  Add  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME  13. STREET ADDRESS  14. CITY-ST-ZIP  TITLE  DELETE  31. TITLE  Change  Add  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME  AND DELETE  31. TITLE  Change  Add  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME  AND DELETE  31. TITLE  Change  Add  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME  ADDITIONS/CHANGES T												[oe]	Zin C	'odo
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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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: