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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

**DOCUMENT # G25718** 

EMDA INVESTMENTS, INC.

## Mailing Address Principal Place of Business % FRED M. RINGEL % FRED M. RINGEL 1301 RIVERPLACE BLVD. SUITE 1500 1301 RIVERPLACE BLVD. SUITE 1500 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 3. Date Incorporated or Qualifed 02/28/1983 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2262006 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired 27 22 City & State 6. Election Campaign Financing City & State Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Zip Country Country Zip Personal Property Tax. 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent RINGEL, FRED M. Street Address (P.O. Box Number is Not Acceptable) 1301 RIVERPLACE BLVD SHITE 1500

## **FILED** Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90041 044 \*\*\*150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

JACKSONVILLE FL 32207								9. <u>9. s. s.</u>	3			
			84	City			FL	85 Zip Ci				
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 accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE	and the ideas is a second of the ideas is a se	(NOTE: Registe	ered Agent	signature required	when reinstating) .	4	DATE	<del></del>				
	Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS		3.		ADDITIONS/CI	HANGES TO O	FFICERS AND	DIRECTOR	RS IN 12			
12.	DP CFF 102 FOR		1 TITLE		100			Change	☐ Addition			
	RINGEL, FRED M.	1.	2 NAME			*.			l			
NAME	1301 RIVERPLACE BLVD., #1500	1.	3 STREET	ADDRESS								
STREET ADDRESS	JACKSONVILLE FL		4 CITY-S1				,					
CITY-ST-ZIP TITLE	S		1 TITLE			•		Change	☐ Addition			
	SORRELL, VELTA		2 NAME									
NAME	AND DISTORS ACT DIVID #4500	2	3 STREET	ADORESS								
STREET ADDRESS	JACKSONVILLE FL		4 CITY-S	i		•	-					
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CITY-ST-ZIP		, 5	.4 CITY-S	r-ZIP					(			
TITLE		☐ DELETE 6	1 TITLE		<u>.</u>			Change	Addition			
NAME	,	6	2 NAME	ļ								
STREET ADDRESS		1 6	.3 STREE	ADORESS								
			.4 CITY-S				<u> </u>	<del></del>				
14 I hereby	certify that the information supplied with this filing doe	es not qualify for the	exempt	on stated in S	Section 119.07(3)(i),	Florida Statutes	s. I further cert	ify that the in	nformation			

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 ar 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.