

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90088 008 ***150.00

DOCUMENT # J11532

1. Corporation Name

EXECUTIVE & MANAGEMENT SERVICES
INTERNATIONAL, INC.

Principal Place of Business

Mailing Address



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		4/29/86	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2675708	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution	
Country		Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEARSON, LARRY R.
4351 SANCTUARY WAY
BONITA SPRINGS, FL 34134

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	1.2 NAME	1.2 NAME
CITY-ST-ZIP	CITY-ST-ZIP	1.3 STREET ADDRESS	1.3 STREET ADDRESS
		1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP
TITLE	NAME	2.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	2.2 NAME	2.2 NAME
CITY-ST-ZIP	CITY-ST-ZIP	2.3 STREET ADDRESS	2.3 STREET ADDRESS
		2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	3.2 NAME	3.2 NAME
CITY-ST-ZIP	CITY-ST-ZIP	3.3 STREET ADDRESS	3.3 STREET ADDRESS
		3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	4.2 NAME	4.2 NAME
CITY-ST-ZIP	CITY-ST-ZIP	4.3 STREET ADDRESS	4.3 STREET ADDRESS
		4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	5.2 NAME	5.2 NAME
CITY-ST-ZIP	CITY-ST-ZIP	5.3 STREET ADDRESS	5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	6.2 NAME	6.2 NAME
CITY-ST-ZIP	CITY-ST-ZIP	6.3 STREET ADDRESS	6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP

SIGN
& DATE



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:

Larry R. Pearson
Treasurer

4/24/99

941-498-4911

Date

Daytime Phone #

CR2E034 (11/98)