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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J50448

(6)

1. Corporation Name

EMS CONSTRUCTION CO., INC.

Principal Place of Business

5393 SHORELINE CIRCLE
SANFORD FL 32771

Mailing Address

5393 SHORELINE CIRCLE
SANFORD FL 32771-7123

3. Date Incorporated or Qualified

12/29/1986

3a. Date of Last Report

06/13/1996

4. FEI Number

59-2758069

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 475 FLORA CREEK CT.

Suite, Apt. #, etc.

2a. Mailing Address

26 475 FLORA CREEK CT.

Suite, Apt. #, etc.

22 City & State

23 LAKE MARY, FL.

Zip

32746

Country

25 Seminole

27 City & State

28 LAKE MARY, FL.

Zip

32746

Country

30 Seminole

9. Name and Address of Current Registered Agent

WEIZMAN, HANAN
5393 SHORELINE CIRCLE
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name WEIZMAN, HANAN

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

475 FLORA CREEK CT.

83

84 City

LAKE MARY

FL

85 Zip Code

32746

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

HANAN WEIZMAN

3-18-97

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME WEIZMAN, HANAN
STREET ADDRESS 5393 SHORELINE CIRCLE
CITY - ST - ZIP SANFORD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PTD ☒ Change ☐ Addition

12 NAME WEIZMAN, HANAN
13 STREET ADDRESS 475 FLORA CREEK CT,
14 CITY - ST - ZIP LAKE MARY, FL. 32746

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

HANAN WEIZMAN

3-18-97

(907) 321-9571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)