

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
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90076 037 ***150.00

DOCUMENT # J50448

1. Corporation Name

EMS CONSTRUCTION CO., INC.

Principal Place of Business

475 FLORA CREEK CT.
LAKE MARY FL 32746
US

Mailing Address

475 FLORA CREEK CT.
LAKE MARY FL 32776
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1986

4. FEI Number

59-2758069

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 5399 Shoreline Circle

2a. Mailing Address

26 5399 Shoreline Circle

Suite, Apt. #, etc.

22 Sanford, FL.

Suite, Apt. #, etc.

27 Sanford, FL.

City & State

23 32771 Seminole

City & State

28 32771 Seminole

Zip

Country

24 25

Zip

Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEIZMAN, HANAN
475 FLORA CREEK CT.
LAKE MARY FL 32746

81 Name

Weizman Hanan

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

5399 Shoreline Circle

83

Sanford

32771

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

TITLE PTD ☐ DELETE

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

TITLE S ☐ DELETE

NAME WEIZMAN, GOLDIE
STREET ADDRESS 475 FLORA CREEK CT
CITY-ST-ZIP LAKE MARY FL 32746

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

1.1 TITLE PTD ☒ Change ☐ Addition

1.2 NAME WEIZMAN, HANAN
1.3 STREET ADDRESS 5399 Shoreline Circle
1.4 CITY-ST-ZIP Sanford, FL. 32771

2.1 TITLE S ☒ Change ☐ Addition

2.2 NAME WEIZMAN, GOLDIE
2.3 STREET ADDRESS 5399 SHORELINE CIRCLE
2.4 CITY-ST-ZIP SANFORD, FL. 32771

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

HANAN WEIZMAN

4-12-99 (407) 321-9571

Date

Daytime Phone #

CR2E034 (11/98)