Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90102 002 ***150.00

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

DOCUMENT # **J87210**

1. Corporation Name

EMO CORPORATE SERVICES, INC.

2. Principal Pl 21 Suite, Apt. 22 City & State	VATH. JR. AVE SUITE 1100 E FL 33301 lace of Business #, etc.	Mailing Address % LEE W. HARVATH. JR. 100 N.E.THIRD AVE SUITE 11 FT. LAUDERDALE FL 33301 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State	100		DO NOT WRITE IN 1 3. Date Incorporated or Qualifed 08/14/1987 4. FEI Number 65-0003600 5. Certificate of Status Desired 6. Election Campaign Financing	Арр	quired May Be
Zip Country		28	Zip Country		Trust Fund Contribution 8. This corporation owes the current year		31.063
24	25 29 30		_ ´		Personal Property Tax.		™o
24	9. Name and Address of Curren		-1		10. Name and Address of New Registe	red Agent	
ENGLISH, MCCAUGHAN & O'BRYAN, P.A. 100 N.E. THIRD AVE. SUITE 1100 FT. LAUDERDALE FL 33301				City	•	FL 85 Zip C	
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 AN		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO Change	RS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE 1.2 NAME		,	□ change	LI AGGISON
NAME	HARVATH, LEE W., JR. 4130 NE 25TH AVE			ADDRESS			
STREET ADDRESS CITY-ST-ZIP	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.4 CITY-ST				
TITLE	VPS	DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	GRITTER, GERALD W.		2.2 NAME				
STREET ADDRESS	5416 N.E. 21 TERR.			ADDRESS			
CITY-ST-ZIP	FT.LAUDERDALE FL	AUDERDALE FL 2.4		T-ZIP			
TITLE	AS	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	HUNTER, PATRICE A		3.2 NAME				ł
STREET ADDRESS	731 N.E. 47 COURT		3.3 STREET				}
CITY-ST-ZIP	OAKLAND PARK FL	☐ DELETE	3.4. CITY-S	T-ZIP		Change	Addition
TITLE	AS CHOVETIE DEPON H		4.1 TITLE 4.2 NAME			[5] ournigo	
NAME CTREET ADORESC	Chrystie, Debra H 10725 Cleary Blvd: APT 205		4.2 NAME 4.3 STREET ADDRE		9861 N. Abiaca Circle		
STREET ADDRESS CITY-ST-ZIP	PALNTATION FL 33324		4.4 CITY-ST		Davie, 4 33328		
TITLE	AS , To	☐ DELETE	51 TITLE		- Control - Cont	Change	Addition
NAME	Marshall J. Emai	5	5.2 NAME				
STREET ADDRESS	100 N.E. 3 AVE. #	1100	5.3 STREET	ADDRESS			ł
CITY-ST-ZIP	fort lauderdal	e, FL 33301	5.4 CITY-ST	r-ZIP			
TITLE	VP .	☐ DELETE	6.1 TITLE			☐ Change	
NAME Judith L. Keiser			6.2 NAME				
OTDEET ADDRESS	100 19C 3 A.W <	a = 100	63 STREET	ADDRESS	1		Į.

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 changes, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: