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

CITY-ST-ZIP

Apr 14 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B, Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 J93182 DOCUMENT # (0)EMIG, INC. Principal Place of Business Mailing Address 2701 SW ANN ARBOR RD 2701 SW ANN ARBOR RD PORT ST. LUCIE FL 34983 PORT ST. LUCIE FL 34983 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/21/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2843419 21 Not Applicable Suite, Apt. #, etc. Suito, Apt. #, etc \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EMIG, LARRY E. 2701 SW ANN ARBOR RD 82 Street Address (P.O. Box Number is Not Acceptable) PORT ST. LUCIE FL 34983 83 84 City Zip Code 85 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 registrated agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change 1.1 TITLE Addition TITLE EMIG, LARRY E. NAME 1.2 NAME 2701 SW ANN ARBOR RD STREET ADDRESS 1.3 STREET ADDRESS PORT ST LUCIE FL CITY-ST-ZIP 1.4 CITY- \$1-7)P DELETE Change Addition TITLE 2.1 TITLE HUGHES, TODD A NAME 2.2 NAME 407 COMMERCE WAY, 1A STREET ADDRESS 2.3 STREET ADDRESS JUPITER FL CITY-ST-ZIP 2.4 CITY-S1-ZIP DELETE Change 3.1 TITLE Addition TITLE VERMURLEN, ROBERT R NAME 3.2 NAME 407 COMMERCE WAY, 1A STREET ADDRESS 3.3 STREET ADDRESS JUPITER FL CITY-ST-ZIP 3.4. CITY - ST- ZIP DELFTE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZiP DELETE Addition Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CHY-ST-7IP CITY-ST-ZIP DELETE 61 TITLE Change Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY- \$1-ZIP

4/4/90

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Ftorida 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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.

FILED