FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED' **PROFIT** FLORIDA DEPARTMENT OF STATE .. CORPORATION Katherine Harrisi 00 JAN -7 AM 10: 01. ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DCUMENT # I orporation Name ATEMENT 96 99 E.M.J. ENTERPRISES, INC. cipal Place of Business 8247 S. Dixie highway **B247 S. Dixie Highway** South Miami, FL 33143 South Miami, FL 33143 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/27/1989 4. FEI Number rincipal Place of Business 2a, Mailing Address Applied For 65-0178582 Not Applicable 8247 S. Dixie Highway 26 Dixie Highway 8247 S. \$8.75 Additional luite, Apt. #, etc.-5. Certifcate of Status Desired Fee Required lity & State. -City & State ---6. Election Campaign Financing -\$5.00<sup>-</sup>May Be-Ô South Miami, Florida Florida Trust Fund Contribution Added to Fees South Miami, Country 8. This corporation owes the current year Intangible Personal Property Tax. □No <u> 33143</u> 33143 30 USA 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ELIOT C. ABBOTT STEVEN SILVERMAN Street Address (P.O. Box Number is Not Acceptable) 999 Ponce De Leon Blvd. 9400 S. Dadeland Blvd Coral Gables, Florida <u>Suite 600</u> City Zip Code 85 Miami Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 ford accept the obligations of Section 607.0505, Florida Statutes. NATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. ☐ DELETE Change 1.1 TITLE PRESIDENT 12 NAME ALAN LEDERMAN 1.3 STREET ADDRESS ET ACCRESS 8247 S. Dixie Highway 1.4 CITY-ST-ZIP 3T-ZIP <del>South Miami, FL-33143</del> 90000310**7**44499 ☐ DELETE 2.1 TITLE -01/24/00--01011--007 22 NAME \*\*\*1200:00 \*\*\*1200-00 2.3 STREET ADDRESS ET ADDRESS 2.4 CITY-ST-ZIP ☐ Change — ☐ Addition □·DELETE — 3.1 TITLE 32 NAME 3.3 STREET ADDRESS SET ADDRESS 3.4. CITY-ST-ZIP ST-ZIP ☐ DELETE Change Addition 4.1 TITLE 4 2 NAME 4 3 STREET ADDRESS ET ADORESS 4 4 CITY-ST-ZIP ST-ZP Change ☐ Addition ☐ DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS HET ACCRESS 5.4 CITY - ST-ZIP - ST- ZIP 6.1 TITLE Change Addition . ☐ DELETE

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 tristee 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 from an attachment with an address, with all other like empowered.

6 4 CITY-ST-ZIP

**8.3 STREET ADDRESS** 

6 2 NAME

GNATURE:

FET ACCIPIESS

un fles

11/22/99

S. PAYNE

JAN 18 2000