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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L57326
1. Corporation Name

EMBERKEN CORPORATION

Principal Place of Business
12300 Quail Roost Dr.
Miami, FL. 33177

Mailing Address
c/o Emene Williams
1014 S. 28th Ave
Hollywood, FL 33020

2. Principal Place of Business
21 12300 Quail Roost Dr.

2a. Mailing Address
26 c/o Emene Williams

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 MTAMI, FLORIDA Florida

27 1014 S. 28th Ave.
28 City & State
FLORIDA Florida

24 Zip Country
33177 US

29 Zip Country
33020 US

3. Date Incorporated or Qualified
3/15/90

3a. Date of Last Report
5/1/96

4. FEI Number
65-0181718

Applied For
XX 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

9. Name and Address of Current Registered Agent

Emene Williams
1014 S. 28th Ave.
Hollywood, Florida 33020

10. Name and Address of New Registered Agent

81 Name

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

83

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 re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME Director
STREET ADDRESS Emene Williams
CITY-ST-ZIP 1014 S. 28th Ave.
Hollywood, FL. 33020

TITLE ☐ DELETE
NAME Geoffrey Williams (Treasurer)
STREET ADDRESS 932 D. Meadow View Dr.
CITY-ST-ZIP Port Orange FL

TITLE ☐ DELETE
NAME Secretary
STREET ADDRESS Bernadette Brown
CITY-ST-ZIP 1014 S. 28th Ave.
Hollywood, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

100002221091-7

-06/24/97-01091-021
****165.00 ****165.00

N/A

SP 6/23/97

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: Emene Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/97

Date

Daytime Phone #

CR2E034 (9/96)