


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

FILED
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90001 001 ***150.00
06-30-1999 90001 002 ***150.00
06-30-1999 90001 003 ***258.75



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L80763					
1. Corporation Name EMD ASSOCIATES, INC.					
Principal Place of Business 200 S. BISCAYNE BLVD. 20TH FL. MIAMI FL 33131 US			Mailing Address 200 S. BISCAYNE BLVD. 20TH FL. MIAMI FL 33131 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/14/1990	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0339059	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	
29		30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LEWIS, EDGAR 200 S. BISCAYNE BLVD. 20TH FL. MIAMI FL 33131			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME LEWIS, EDGAR					
1.3 STREET ADDRESS 200 S. BISCAYNE BLVD, 20TH FL.					
1.4 CITY-ST-ZIP MIAMI FL					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME DRINKHOUSE, MICHAEL					
2.3 STREET ADDRESS 1255 SE 11TH AVE.					
2.4 CITY-ST-ZIP OCALA FL					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Edgar Lewis President

5-25-99 (305) 358-7605
Date Daytime Phone #

CR2E034 (1/98)

0189593