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

## CORPORATION ANNUAL REPORT



Sandra B. Mortham

**FILED** May 02 1997 8:00am Secretary of State

	1997		DIVISION OF (	ry of State CORPORA	TIONS		Score	пуО	1 50	aco	
DOCUMENT # M29759 (1) 1. Corporation Name EMINI, INC.											
Principal Place 192 \$ FLAMING PEMBROKE PIN	30 RD	9475 SH 215-A	Mailing Address 9475 SHERIDAN ST 215-A HOLLYWOOD FL 33021-3663		1		-				
00		us	100012 0002100	~			3. Date Incorporated or Qualific 04/01/1986	,	ate of Last R 07/1996	eport	
2. Principal Pl	lace of Business	2a. Mai	ing Address F/	ami10	o Ro	1.	4. FEI Number 59-2693524		Ap	oplied For ot Applicable	
Suite, Apt	#, etc	····	e, Apt. #, etc.	1	<u> </u>		5. Certificate of Status Desired	Д	\$8.75 / Fee Re	Additional	
City & State	e	Cyly	& State	<del>-  </del>	F/		6. Election Campaign Financing	) ~	\$5.00	May Be	
<b>23</b> ∫ Zip	Country	28 Zip	em. Pine 33027	l Coun	try		Trust Fund Contribution  8. This corporation has liability	for intangible	Added to tax under s		
24	25			30 (	5	1	Florida Statutes	Yes [	□ No		
EDE	<ol> <li>Name and Address or EDLAND, MICHAEL</li> </ol>	T Current Registered	Agent		1 Name	<del></del>	10. Name and Address of New		Agent		
	SHERIDAN ST.					Mi	7				
SUIT	E #215-1			L	19	2	s (P.O. Box Nomber is Not Accept Aming a				
HOL	LYWOOD FL 33021			1	13						
				fe	14 City	0	Pines		85 Zip	Code	
44 Diversal I	to the province of Castings	CO7 0500 and 607 45	OR Florido Statut	so the ob		em	ation submits this statement for the	FL	<u>    3</u>	100L /	
<ul> <li>office or re</li> </ul>	egistered agent, or both linit	the State of Florida. S	uch change was a	authorized	by the cor	poration	n's board of directors. I hereby a	cept the app	cointment as	registered	
v	m familiar with, and accept t	ne obligations of, Sec	100 607.0505, FIG	orida Statu	es.						
SIGNATURE	Signature, typical or printed name of rec	jistered agent and tite if appl	cable (NOT	E: Registered	Agent signatur	e required	when reinstating)	DATE			
12.		ERS AND DIRECTOR		13.		,	ADDITIONS/CHANGES TO O	FICERS AND			
11)(F	PD		☐ DELETE	1.1 TITL		1			Change	Addition	
NAME Capital Appointment	FREEDLAND, MICHAEL 3475 SHERIDAN ST, SI			1.2 NAN							
STREET ADDRESS	HOLLYWOOD FL	DIE REION		•	EET ADDRESS '-ST-ZIP	ł					
CHY-ST-ZIE ) TITLE	V		DELETE	21 TIYL		V		1	Change	Addition	
NAMU	RUDERMAN, IRVIN			2.2 NAN		Rud	lerman, Rosalind 39 Ansley ct. Ct. Laud. Fl.	,			
STREET ADDRESS	859 ANSLEY CT.			23 STR	EET ADDRESS	8	59 Ansley ct.		_		
CHY+S1-7IP	FT. LAUDERDALE FL			2. 4 CIT	Y-\$1-ZIP	I	t. Lavd. Fl.	333:	26		
TILLE	)		☐ DELETE	3 1 TITL	E				☐ Change	Addition	
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STREET AUDRESS					EET ADDRESS	]				J	
C(1Y - \$1 - 7)P			DELETE	3.4. CIT 4.1 TITL	Y-ST-ZIP	ļ			Change	Addition	
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NAME STREET ACIDRESS					eet address					j	
City-St-7/P					-\$1-2IP	ĺ					
THE	4.1		DELETE	5.1 TITL	<del></del>	1			Change	Addition	
NAME				5.2 NAM	IE.	1				į	
STREET ADDRESS	1			5.3 STR	eet address					}	
CITY ST-ZIP					'-ST-ZIP	<u> </u>					
TITLE			DELETE	6.1 TITL					Change	Addition	
NAME	}			6.2 NAN		}					
STREET LADORESS				1	EFT ADDRESS	1				ļ	
14. 1 do herel	by certify that the information	supplied with this file	ng does not quali		xemption :	tated in	1 Section 119.07(3)(i), Florida Sta	lutes, I furthe	r 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 copan attachment with an address.

SIGNATURE AND EVEN OR PRINTED NAME OF BRANKING OF PICER OR DIRECTOR

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