

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23031

1. Corporation Name

EMIN AMERICA FLORIDA, INC.

Principal Place of Business

12705 N. 25TH COURT
C/O STEVEN DAUBER
LOXAHATCHEE FL 33470
US

Mailing Address

12705 N. 25TH COURT
C/O STEVEN DAUBER
LOXAHATCHEE FL 33470
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/15/1987
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-009339
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	30

9. Name and Address of Current Registered Agent

DAUBER, STEVEN
12705 NORTH 25TH COURT
LOXAHATCHEE FL 33470

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUBER, STEVEN	1.2 NAME	
STREET ADDRESS	12705 NORTH 25TH COURT	1.3 STREET ADDRESS	
CITY-STATE-ZIP	LOXAHATCHEE FL	1.4 CITY-STATE-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUBER, SUZANNE S.	2.2 NAME	
STREET ADDRESS	12705 NORTH 25TH COURT	2.3 STREET ADDRESS	
CITY-STATE-ZIP	LOXAHATCHEE FL	2.4 CITY-STATE-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUPPENS, MARC	3.2 NAME	
STREET ADDRESS	3741 S.W. KASIN STREET	3.3 STREET ADDRESS	
CITY-STATE-ZIP	PORT ST. LUCIE FL	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 113.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marc S. Luppens / MARC S. LUPPENS

Date

Daytime Phone #

4/22/99 (561) 336-0861

CR2F037-11/198