

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

INCORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # P93000023468 (0)

MAY 10 AM 10:25

1. Incorporation State

EMILEE'S EMPORIUM, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

**2252 SEMORAN
APOPKA FL 32703
US**

3. Mailing Address

**2252 SEMORAN BLVD
APOPKA FL 32703
US**

(SEE INSTRUCTIONS) THIS SPACE

3. Under the jurisdiction of the address
03/26/1993

3a. Date of Last Report
04/22/1994

2. Principal Office Address

21

2a. Mailing Address

26

4. FIC Number
59-3176794

Applied For
☐ Not Applicable

22. State Agent

22

27. State Agent

27

5. Certificate of Status (Desired)

☐ **\$8.75 Additional
Fee Required**

23. City & State

23

28. City & State

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6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24. Country

24

29. Zip

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Country

30

8. This corporation has liability for delinquency fee under 5-109 (2)(c)
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**COPARE, PHILIP B
15240 SHADY LANE
TAVARES FL 32778**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number, Not Applicable)

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607, 608, and 609, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as required under 607, 608, and 609, Florida Statutes. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am hereby waiving my right to compensation as required by 609, Florida Statutes.

SIGNATURE

Philip B Copare

PHILIP B COPARE

5/6/95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (SEE INSTRUCTIONS)

14. NAME

**PS
COPARE, MARGARET V
2252 SEMORAN BLVD.
APOPKA FL**

15. NAME

16. STREET ADDRESS
17. CITY & STATE
18. ZIP

19. NAME

**VT
COPARE, PITCIP B
15240 SHADY LANE
TAVARES FL**

20. NAME

21. STREET ADDRESS
22. CITY & STATE
23. ZIP

24. NAME

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25. NAME

26. STREET ADDRESS
27. CITY & STATE
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145. NAME

146. STREET ADDRESS
147. CITY & STATE
148. ZIP

149. NAME

149

150. NAME

SIGNATURE: *Philip B Copare*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP B COPARE

5/6/95

**407
886-0100**