**FILED** 

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90017 018 \*\*\*150.00

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000082439

1. Corporation Name

Principal Place of Business

E. & M. INVESTMENTS, INC.

SUITE 301 SARASOTA FL 34237 US		SUITE 301 SARASOTA FL 34237 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  12/02/1993		
2. Principal Pl	lace of Business	2a. Mailing Address	_		4. FEI Number		lied For
21		26			65-0452460		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Sequired \$8.75 Addition Fee Required		
City & State		City & State					√lay Be
23	<del>v</del>	28				dded to	- 1
Zip	Country	Zip	Count	у	8. This corporation owes the current year Intangible	 e	_
24	25 29 30		30		Personal Property Tax.		JNo
	9. Name and Address of Current				10. Name and Address of New Registered Agent		
			8	1 Name			
Jaensch, Peter J.			8	2 Street	Address (P.O. Box Number is Not Acceptable)		
2198		•	Z Sireei	Acturess (F.O. BD) Number is Not Acceptable)			
SUIT		8	3			_	
SAR	ASOTA FL 34237		8	4 City	85	Zip C	ode
					FL		
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	ু f Florida. Such change was ন	authorized b	y the corp	loc rporation submiss this statement for the purpose of changoration's board of directors. I hereby accept the appointmen	ing its i t as reg	egistered istered
SIGNATURE			- Occupies - 1		required when reinstating) DATE		
<del></del>	Signature, typed or printed na ne of registered agen OFFICERS AN		13.	ent signature	ADDITIONS/CHANGES TO OFFICERS AND DIF	ECTO	≳S IN 12
TITLE	D OFFICERS AIV	DELETE	1,1 TITLE		TI.	hange	Addition
NAME	Young, Ernest	(	1.2 NAME		VOLUE FRANKST		_
STREET ADDRESS	1800 STICKNEY PT ROAD			ET ADORESS	YOUNG ERNETT 506 PINIE RANGH & . RD OSPREY 34229.		
CITY-ST-ZIP	SARASOTA FL 34231		1.4 CITY-		OCOLEY 30129	,	
TITLE	D	☐ DELETE	2.1 TITLE			nange	Addition
NAME	YOUNG, MAUREEN	_	2.2 NAME				
STREET ADDRESS	1800 STICKNEY PT ROAD			Et adoress	YOUNG. MAUREEN, SOB PINE RANCH E. RD		\
CITY-ST-ZIP	SARASOTA FL 34231		2 4 CITY		OSPREY 34229		
TITLE	0.44.00.77.12.01.00.7	☐ DELETE	3.1 TITLE			nange	Addition
NAME			3.2 NAME				
STREET ADDRE 3S			3.3 STRE	ET ADDRESS	;}		1
CITY-ST-ZIP			34 CITY	-ST-ZIP			
TITLE		☐ DELETE	4 1 TITLE			hange	☐ Addition
NAME			4. 2 NAM	E			1
STREET ADDRESS			4.3 STRE	ET ADDRESS			}
CiTY-ST-ZIP			4.4 CITY-	ST-ZIP_			
TITLE		☐ DELETE	5.1 TITLE			hange	☐ Addition
NAME			52 NAME		,		
STREET ADDRESS			5.3 STRE	ET ADDRESS			1
CITY-ST-ZIP			54 CITY-				
TITLE		☐ DELETE	6.1 TITLE			hange	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STRE	ET ADDRESS			ł
CITY-ST-ZIP			6.4 CITY	ST-ZIP			j

14. 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 contry 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR J.