SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 9:19

DOCUMENT # P93000086936 (0)

1. Corporation Name
E M CONSULTING SERVICES INC.

Principal Place of Business
11 IDLEWILD ST.
STE. 602
CLEARWATER FL 34630

Mailing Address
11 IDLEWILD ST.
STE. 602
CLEARWATER FL 34630

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21 136 MARINA DEL REY CT
Suite, Apt #, etc
22 CLEARWATER, FL
City & State
23
Zip 24 34630
Country 25 PINELLAS

2a. Mailing Address
26 136 MARINA DEL REY CT
Suite, Apt #, etc
27 Clearwater, FL
City & State
28
Zip 29 34630
Country 30 PINELLAS

4. FEI Number: 59-3214811 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
SOROTA, JOSEPH J JR.
28100 US HWY 19 N
STE. 504
CLEARWATER FL 34621

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 _____ DATE _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAZUR, EDWARD JR.
STREET ADDRESS	11 IDLEWILD ST. STE. 602
CITY ST ZIP	CLEARWATER BEACH FL 34630
TITLE	D
NAME	MAZUR, GAIL A
STREET ADDRESS	11 IDLEWILD ST. STE. 602
CITY ST ZIP	CLEARWATER BEACH FL 34630
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	☒ Change ☐ Addition
1.2 NAME	MAZUR, EDWARD JR	
1.3 STREET ADDRESS	136 MARINA DEL REY CT	
1.4 CITY ST ZIP	CLEARWATER, FL 34630	
2.1 TITLE	DIRECTOR	☒ Change ☐ Addition
2.2 NAME	MAZUR, GAIL A	
2.3 STREET ADDRESS	136 MARINA DEL REY CT	
2.4 CITY ST ZIP	CLEARWATER, FL 34630	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ EDWARD MAZUR JR. 6/12/95 813-441-5288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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