

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000086936 (0)

1. Corporation Name

E M CONSULTING SERVICES INC.



Principal Place of Business

Mailing Address

136 MARINA DEL REY CT.  
~~STE. 602~~  
CLEARWATER FL 34630  
US

136 MARINA DEL REY CT  
~~STE. 602~~  
CLEARWATER FL 34630  
US

3. Date Incorporated or Qualified  
12/21/1993

3a. Date of Last Report  
06/15/1995

2. Principal Place of Business

2a. Mailing Address

21 136 Marina del Rey G

26 136 Marina del Rey G

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Clearwater, FL

28 Clearwater, FL

24 Zip

Country

34630

25 Pinellas

29 34630

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

10. Name and Address of New Registered Agent

SOROTA, JOSEPH J JR.  
28100 US HWY 19 N  
STE. 504  
CLEARWATER FL 34621

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

Signature typed or printed name of registered agent and if not applicable

Signature typed or printed name of registered agent and if not applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D MAZUR, EDWARD JR  
STREET ADDRESS  
136 MARINA DEL REY CT  
CITY-ST-ZIP  
CLEARWATER FL

TITLE ☐ DELETE

NAME  
D MAZUR, GAIL A  
STREET ADDRESS  
136 MARINA DEL REY CT  
CITY-ST-ZIP  
CLEARWATER FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 as an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

813-724-8422

CR2E034 (12/95)