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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000022925

EMRICH INVESTMENTS, INC.

}	e of Business	Mailing Address)1 010 11010 70110	1(88) 81() 168)
		2524 S.W. 45TH STREET					
CAPE CORAL FL 33914		CAPE CORAL FL 33914		DO NOT WRITE IN THIS SPACE			
					Date Incorporated or Qualifed	SPACE	
					03/21/1994	•	
2. Principal F	Place of Business	2a. Mailing Address		-	4. FEI Number	Ap	plied For
21		26			59-3274798	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional _
22	<u>ست راسه سال را پیرچت بینگریت فیت</u>				5. Obtained of Glatos Desired	Fee Re	quired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	
23	. Country	28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zíp	Count	ry	8. This corporation owes the current year Inta		ner's.
24	9 Name and Address of Curror	29	30		Personal Property Tax. 10. Name and Address of New Registered A	Yes	No
9. Name and Address of Current Registered Agent 81 Nam					10. Name and Address of New Registered	Agent	
EMR	RICH, MICHAEL			-			
2524 SW 45TH STREET			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
CAPE CORAL FL 33914			8	3		·4·0 (15) (4)(7 ·4·1 (5)(4)(8)(5	DESCRIPTION OF THE PARTY OF THE
			L		1.46至五學學學學學問題	理議職	問罪問
	•		٤	4 City		85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statu	utes, the abo	ve-named cor	poration submits this statement for the purpose of	changing its	registered
office or r	egistered agent, or both, in the State im familiar with, and accept the obligation	of Florida: Such change was	authorized b	y the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoin	ntment as reg	istered
_	in familia: willt, and accept the obliga	idolis di, section 607.0505, Fi	ionua Statuti	35.			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	TE: Registered A	jent signature requir	red when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	PSTD	☐ DELETE	1,1 TiTLE	:	4. 2. (0.30) . 12	☐ Change	
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90035 006 ***150.00

14. I 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 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 of 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 of an attackment with an address, with all other like empowered.