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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90071 015 ***150.00

DOCUMENT # P9400066204

1. Corporation Name

| E.U.M.G | i a assuciates, inc. | | | | | | | | | |
|--|---|--|--|--|---|---------------------|---|-------------------------------|-------------------------------------|-------------------------------------|
| Principal Place | e of Business | Mailing Address | | ···· | | | | DESIL MOILS BULLD | Alfin Billa ilbil | |
| 1148 TYLER LAKE CIR ORLANDO FL 32839 US | | | 1148 TYLER LAKE CIR ORLANDO FL 32839 US | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/06/1994 | | | |
| 2 Dringing D | Place of Business | 2a. Mailing Addre | 966 | | | | 4. FEI Number | _ | T An | plied For |
| ` | lace of Dusiness | 26 | | | | | 59-3282945 | | _ | t Applicable |
| Suite, Apt. | # etc | Suite, Apt. #, | etc. | | | | | | \$8.75 | |
| | الايلاد السوم بعدد لايداد. الايلاد السوم بعدد الايداد | 27 | | . • | ~ . | | 5. Certificate of Status Desired | <u></u> | Fee Re | equired- |
| City & Stat | | City & State | | | | | 6. Election Campaign Financing | ' | \$5.00 | May Be |
| 23 | | 28 | | | | | Trust Fund Contribution | | Added I | to Fees |
| Zip | Country | Zip | c | ountry | | | 8. This corporation owes the cu | rrent year Int | angible | _ |
| 24 | 25 | | 30 | | | | Personal Property Tax. | _ | ☐ Yes | □No |
| | 9. Name and Address of Cur | rrent Registered Agent | | 4 | | | 10. Name and Address of New | Registered | Agent | |
| | | | | 81 | Name | | | | | |
| | BINSON, & ASSOCIATES P | | | 82 | Street | Addres | ss (P.O. Box Number is Not Accep | table) | | |
| 1405 W. FAIRBANKS AVE. | | | | | | | | | | |
| SUIT | | | | 83 | | | | | | } |
| WIN | ITER PARK FL 32789 | | | 84 | City | | | | 85 Zip (| Code . |
| | | | | į. | ' ' | | | FL | . | |
| office or r | to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob | oto of Florida Such chan | ne was authoriz | ed by | the corn | l corpor oration | ration submits this statement for the 's board of directors. I hereby acce | e purpose or ept the appoi | changing its ntment as re | gistered |
| | | ligations of, Section 607.0 | J5U5, Florida St | atutes | | | | | | |
| agent. I a SIGNATURE | | | | atutes | • | | when reinstating) | DATE | | |
| | Signature, typed or printed name of registered OFFICERS | agent and title if applicable. AND DIRECTORS | (NOTE: Registe | atutes red Agen 3. | • | | | DATE | | |
| SIGNATURE | Signature, typed or printed name of registered OFFICERS | agent and title if applicable. AND DIRECTORS | (NOTE: Registe | red Agen | • | | when reinstating) | DATE | ID DIRECTO | DRS IN 12 |
| SIGNATURE | Signature, typed or printed name of registered OFFICERS DP GILL, ELLIOTT | agent and title if applicable. AND DIRECTORS | (NOTE: Registe 1: ELETE 1.1 | atutes red Agen 3. TITLE NAME | nt signature | required v | when reinstating) ADDITIONS/CHANGES TO O | DATE FFICERS AN | *Change | |
| SIGNATURE 12. TITLE | Signature, typed or printed name of registered OFFICERS DP GILL, ELLIOTT 1615A W. HOLDEN AVE. | agent and title if applicable. AND DIRECTORS | (NOTE: Registe 1: ELETE 1.1 | atutes red Agen 3. TITLE NAME | • | required v | when reinstating) ADDITIONS/CHANGES TO O | DATE FFICERS AN | *Change | |
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CITY-ST-ZIP 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 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: