FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthera

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000015161 (9)

EMERGING TECHNOLOGIES GROUP, INC.

FILED 97 JUL -7 AM 11: 42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place o NORTHPOINTE, 8 824 U.S. HWY. 1 NORTH PALM BE	UITE 370	Mailing Address NORTHPOINTE. SUITE 370 824 U.S. HWY. 1 NORTH PALM BEACH FL 33408-3812				3. Date Incorporated or Qualified 3a. Date of Last Report 07/23/1995						
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number		1		oplied For	1	
21 Sam	<u>. </u>	26	Same				APPLIE) FON-			ot Applicable	
Suite, Apt. #, etc.		Suite	e, Apt. #, etc.				5. Certificate o	f Status Desir	ed 🗀	\$8.75		1
22		27	<u> </u>				J. Obrimodio o				equired	
City & State	<u> </u>	City & State				6. Election Campaign Financing \$5.00 May Be						
Zip	Country		Zip Country				Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,					
24	25	29					, , ,	ida Statutes Yes No				
	9. Name and Address of Current		Agent	100	<u> </u>		10. Name and			Agent		1
CAPLAN, FRANKLIN H						Name V	RAUSER	Ta	· / T			1
100 N					Street Address (P.O. Box Number is Not Acceptable)				<u> </u>			
SUITE						4 US H		ŠÆ.	370			
TRC4	LAUDERDALE FL 33301				83	No.	Pala Ro	t/	33408			
ŗ	· ^				64	City	am De.	1 1	FI	85 Zip	Code	1
11. Pursuant to I	he provisions of Section: 607.0502	and 607.15	08, Florida Statut	es the a	bove	-named corpo	oration submits this	s statement fo	r the purpose of	of changing i	ts registered	┨
office or regi	the provisions of Soctions 607.0502 stered agent, or both, in the State of amiliar with, and accept in publics	if Florida, Su Italia di, Sec	uch change was a tion 607,9505, Fig	authorize orida Stai	d by tutes.	the corporation	on's board of direc	tors. I hereby	accept the ap	pointment as	registered	1
SIGNATURE		\mathbf{T}/\mathbf{Z}							3-	1-97	ı	1
Signature, typed or printed name of a stered agent a volume il applicable. (NOTE: F					d Agen	nt signature require	of when reinstaling)		DATE			_ ا
12.	OFFICERS AND	DIRECTOR		13.			ADDITIONS/C	HANGES TO	OFFICERS AN			90/0
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											RZEGRA	
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NAME				6.2 N		1		{				1
STREET ADDRESS	, My .		į.			ADDRESS		W	•			
CITY-ST-ZIP			, ,		ITY-ST	1						
	certify that the information supplied	with this filli	ng does not quali				in Section 119.07(3)(i), Florida S	Statutes. I furthe	ar certify that	the	1

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 13 if changes for the process 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 13 if changes for the corporation of the corpora

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