SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. LAMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

TITLE

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

Sep 05 1997 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000078171 (2)

EMMAUS CONSULTING, INC.

CITIONSO	o concoening inc					
Principal Plac	e of Business	Mailing Address		C INDUITORY FOR COURT BY IT IN DESIGN BESTY OF BY CASE OF STATE OF		
13715 SOUTHWEST 84 STREET. #C 13715 SOUTHWEST 84 S MIAMI FL 33183-4030 MIAMI FL 33183-4030			REET. #C	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 3a. Date of Last Report		
				10/12/1995 07/01/1996		
2. Principal P	face of Business	2a. Mailing Address		4. FEI Number Applied For		
21		26		65-0604305 Not Applicable		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required		
City & Stet	e	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28		Trust Fund Contribution		
Zip 24	Country 25	7(p	Country 30	Anis corporation owes or has paid the current year Intangible Personal Properly Tax due June 30. Yes No		
	g. Name and Address of Curr			10. Name and Address of New Registered Agent		
SC	OTT, GERRY		81 Nan	me		
	13715 SOUTHWEST 84 STREET, #C MIAMI FL 33183-4030			82 Street Address (P.O. Box Number is Not Acceptable)		
MIA						
			83			
			84 City	y FL 85 Zip Code		
SIGNATURE	Signature, lypod or printed nature of registered a	FDDD	: Rog stered Ager I signa	nature required when reinstaling) DATE		
12.	DI TIGERIS A	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	SCOTT, GERRY		1.2 NAME	The online of the online		
STREET ADDRESS	13715 SOUTHWEST 84 STR	REET. #C	1.3 STREET ADDRES	rss		
CITY-ST-ZIP	MIAMI FL 33183-4030	,	1.4 City-St-ZiP			
TITLE		☐ DCLE16	2.1 TIPLE	Change Additio		
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRES	ESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE	Change Additio		
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRES			
CITY-ST-ZIP TITLE	·	☐ DELETE	3.4. CITY-ST-ZIP	Change Additio		
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREFT ADDRES	rss		
CITY-ST-ZIP			4.4 CITY- ST- ZIP			
TITLE		DELETE	5.1 TITLE	Change Additio		
NAME			5.2 NAME			
CTREET ANDRESS			6.2 CTOSET ADODLA	202		

14. I do 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 it channed, or on an attachment with an address.

5.4 CITY - ST - ZIP

63 STHEET ADDRESS 64 CTY+ST-ZIP

6.1 TITLE

6.2 NAME

DELETE