

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **P95000084659 (8)**

1. Corporation Name

**CODE 3 RESPONSE INC**

Principal Place of Business

**P O BOX 12671  
LAKE PARK FL 33403**

Mailing Address

**P O BOX 12671  
LAKE PARK FL 33403**

FILED  
Apr 07 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/01/1995**

4. FEI Number

**65-0621476**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

**21 2300 PALM BCH LAKES BLVD**

2a. Mailing Address

**26 2300 PALM BCH LAKES BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 STE #222**

**27 STE #222**

City & State

City & State

**23 WEST PALM BCH, FL**

**28 WEST PALM BCH, FL**

Zip

Zip

**24 33409**

**29 33409**

9. Name and Address of Current Registered Agent

**EMIDDIO, VINCENT  
500 N CONGRESS AVE #56  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

**81 Name EMIDDIO, Vincent**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**4887 VIA PALM LAKE Apt #508**

**83**

**84 City West Palm BCH**

**FL**

**85 Zip Code 33417**

11. Pursuant to the provisions of Sections 607.0902 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 607.005, Florida Statutes.

SIGNATURE

*Vincent Emiddio*

**4/1/98**

Signature, typed or printed name of registered agent and the date appointed

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

**TITLE P**  
**NAME EMIDDIO, VINCENT**  
**STREET ADDRESS 500 N CONGRESS AVE #56**  
**CITY-ST-ZIP WEST PALM BEACH FL 33401**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**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 ☒ Change ☐ Addition

**1.1 TITLE P**  
**1.2 NAME Emiddio, Vincent**  
**1.3 STREET ADDRESS 4887 VIA PALM LAKE, Apt #508**  
**1.4 CITY-ST-ZIP West Palm BCH, FL 33417**

**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 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

SIGNATURE:

*Vincent Emiddio*

**4/1/98**

CR2E034 (10/97)