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 # P96000019119 (2)

FILED Apr 23 1998 8:00am Secretary of State

1. Corporati	• • • • • • • • • • • • • • • • • • • •	EM TECHNOL	OGIES, INC.	9 (2)				
Principal Place of Business Mailing Address							I (00)\$60) (40 40300 04)\$4 00314 00414 00415 00500 131010 1810) [1000 31010 HU13 100
13890 77TH AVE N 13890 77TH AVE N SEMINOLE FL 34646 SEMINOLE FL 34646							DO NOT WRITE IN THIS COA	OF.
							DO NOT WRITE IN THIS SPA 3. Date Incorporated or Qualified	JE
A B 3-3-1	D)		T. Martin			· · · · · ·	03/01/1996	and the second second
_	2. Principal Place of Business			2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt	t. #. etc.		26 Suite. Ac	Suite, Apt #, etc.			59-3367382	Not Applicable 8.75 Additional
22			— <u> </u>	27			5. Certificate of Status Desired	Fee Required
I City & Sta	ate			City & Stato			6, Election Campaign Financing	\$5.00 May Be
23			28				Trust Fund Contribution	Added to Fees
Zip	-	Country	Zip		Countr	У	8. This corporation owes or has paid the current	·
24	- N	25	[29]		30		Personal Property Tax due June 30.	_
			urrent Registered Age	nt 	81	Name	10. Name and Address of New Registered Age	nt /
	URMAN, CR				Ľ			
		PLACE NORTH			82	2 Street	ddress (P.O. Box Number is Not Acceptable)	
LARGO FL 33773					B3	3		
						1 01		-1 - 0 .
					84	City	FL ⁸	5 Zip Code
11. Pursuan office or agent. I	t to t he provis regi ste red ag am f a miliar w	ions of Sections 60 jent, or both, in the th, and accept the	7.0502 and 607.1508, F State of Florida. Such c obligations of, Section	Torida Statute Hange was a 607.0505, Flo	es, the about authorized b orida Statute	re-named by the cores.	corporation submits this statement for the purpose of characteristics of directors. I hereby accept the appoint	inging its registered ment as registered
SIGNATURE	Claratura turan		red agent and bile if applicable	(MC)	Conictored As		equired when reinstating) DATE	,
12.	Signature, types		S AND DIRECTORS	(NOII	13.	jeni signatur	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12
TITLE	PD			DELETE	1.1 TITLE			Change Addition
NAME	ZURMA	N, CRAIG L			1.2 NAME			
STREET ADDRESS	13890 7	7TH AVE N			1.3 STREE	T ADDRESS		
CITY-ST-ZIP	SEMINO	LE FL 34646			1.4 CITY-	ST-ZIP		
TITLE			Ĺ	DELETE	2.1 TITLE		LI	Change
NAME					2.2 NAME			
STREET ADDRESS	·]					T ADDRESS		
CITY-ST-ZIP TITLE	 -			DELETE	2. 4 C(TY) 3.1 TITLE	S1-ZIP		Change Addition
NAME			_	_ 0.00.00	3.2 NAME			Onlinge7/00/00/0
STREET ADDRESS						I ADDRESS		
CITY-ST-ZIP					3.4. CITY			
TITLE			L	DELETE	4.1 TITLE			Change Addition
NAME					4. 2 NAME			
STREET ADDRESS					4.3 STREE	T ADDRESS		
CITY-ST-ZIP					4.4 CITY-	ST - ZIP		
TITLE				DELETE	51 TITLE			Change Addition
NAME	'				52 NAME			
STREET ADDRESS	1					T ADDRESS		
CITY-ST-ZIP	ļ .			DELETE	5.4 CITY-	ST-ZIP		Change Addition
TITLE NAME			L	1 pririt	6.1 TITLE 6.2 NAME		L	Sharige L. Addition
STREET ADDRESS	'					T ADDRESS		
CITY-ST-ZIP		1			6.4 CiTY-			
14. I hereby	certify that th	e information sum	and with this filing-done	not qualify to			in Section 119 07(3)(i) Florida Statutes I further certify	that the information

14. Thereby 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 supply mental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver of 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 ontal attachment with an address.

Block 12 of Glock 10 if Gridinged, of Gridinal added in the first and any acc

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