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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000055885

1. Corporation Name

CEMAC INTERNATIONAL, INC.

Principal Place	e of Business	Mailing Address		•		
1790 HAMMOCK DRIVE 1790 HAMMOCK DRIVE AMELIA ISLAND FL 32034 AMELIA ISLAND FL 32034						
				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
				06/25/1996		
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	A	pplied For
	dos 0, 20011.000	26		65-0701640	N	ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75	Additional
22 27				5. Certificate of Status Desired Fee Required		
City & State	9	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	•	to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	
24	25	29	30	Personal Property Tax.	Yes	□No
471	9. Name and Address of Curren			10. Name and Address of New Registere	d Agent	
			81 Name			
MELTZER, C C				00 Chart Address (D.O. Pay Number is Not Acceptable)		
1790	HAMMOCK DRIVE		82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
AME	LIA ISLAND FL 32034		83			
			84 City		L 85 Zip	Code
						e registered
office or r	printered agent or both in the State	of Fiorida, Silich change was au	imonzed by the corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	pointment as r	egistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flor	ida Statutes.	•		
SIGNATURE		•				
0,0,1,1,0,1,2	Signature, typed or printed name of registered ager		Registered Agent signature requi		AND DIDECT	ODE IN 12
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change	
TITLE	P	☐ DELETE	1.1 TITLE		□ Change	
NAME	MELTZER, CURTIS C		1.2 NAME			
STREET ADDRESS	1790 HAMMOCK DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	AMELIA ISLAND FL 32034		1.4 CITY-ST-ZIP			
TITLE	S	☐ DELETÉ	2.1 TITLE		☐ Change	☐ Addition
NAME	MELTZER, ENID A		2.2 NAME			
STREET ADDRESS	1790 HAMMOCK DRIVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	AMELIA ISLAND FL 32034		2.4 CITY+ST-ZIP	:		
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
			3.3 STREET ADDRESS			
STREET ADDRESS			3.4. CITY-ST-ZIP			
CITY-ST-ZIP		□ DELETE	4.1 TITLE		☐ Change	Addition
THLE			4.7 MAME		_ •	_

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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

DELETE

Change

Change

☐ Addition

Addition