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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P96000061	204
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1. Corporation Name

EMERAL	D MOTORS, INC.									
				•						
Principal Place	e of Business	Mailing /								
233 N FEDERAL	L HWY		DERAL HWY							
53 Dania FL 33004	4	53 Dania Fl	33004				DO NOT WRITE	IN THIS S	SPACE	
US	•	US	L 00007			ŀ	3. Date Incorporated or Qualifed		<u></u>	1
, 							07/18/1996			
2. Principal Pl	lace of Business	2a. Maili	ing Address				4. FEI Number		Ar	oplied For
21		26				ſ	65-0681141		No	ot Applicable
Suite, Apt.	#, etc	Suite	Apt. #, etc.				5. Certifcate of Status Desired [T -	Additional
22		27					3. Controdic of Canada Bearing		Fee Re	equired
City: &: State	0.5	City.	&:State				=6.=Election Campaign Financing	ے۔۔۔		:May.Be
23		28					Trust Fund Contribution	_		to Fees
Žip	Country	Zip		Coun	try		8. This corporation owes the current	-		ind.
24	25	29		30			Personal Property Tax.		Yes	∭No
	9. Name and Address of Current	Registered	Agent		Name		10. Name and Address of New Reg	gisterea A	gent	
DALE	B, SCOTT				B1 Name					
	CHIMNEY ROCK RD.				Street A	Addres	s (P.O. Box Number is Not Acceptable	e)		
WES	STON FL 33327			. -	83			-	_	-
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1								T1	
. , ,					B4 City			FL	85 Zip	Code
	to the provisions of Sections 607.0502	and 607.15	08. Florida Statut	es, the ab	ove-named o	corpora	ation submits this statement for the pu		hanging its	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida, Su	ch change was a	uthorized	by the corpo-	oration's	s board of directors. I hereby accept the	ne appoin	tment as re	egistered
			00 607 0505 Fig	vrida Status	OC.			•		1
	m tamillar with, and accept the obligation	ions of, Secti	ion 607.0505, Fio	orida Statu	es.				•	j
SIGNATURE	Signature, typed or printed name of registered agent				es. gent signature re			DATE		
SIGNATURE		and title if applica	able. (NOTE					DATE	D DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applica	able. (NOTE	: Registered /	gent signature re		hen reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND P DAUB, SCOTT	and title if applica	able. (NOTE	E: Registered /	gent signature re		hen reinstating)	DATE	D DIRECTO	DRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND P DAUB, SCOTT 807 CHIMNEY ROCK RD.	and title if applica	able. (NOTE	13. 1.1 TITE 1.2 NAA	gent signature re		hen reinstating)	DATE	D DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND P DAUB, SCOTT	and title if applica	able. (NOTE RS DELETE	13. 1.1 TITU 1.2 NAA 1.3 STR	gent signature re		hen reinstating)	DATE	D DIRECTO	DRS IN 12
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P DAUB, SCOTT 807 CHIMNEY ROCK RD.	and title if applica	able. (NOTE	13. 1.1 TITU 1.2 NAA 1.3 STR	gent signature re E E EET ADORESS		hen reinstating)	DATE	D DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND P DAUB, SCOTT 807 CHIMNEY ROCK RD.	and title if applica	able. (NOTE RS DELETE	13. 1.1 TITE 1.2 NAA 1.3 STR 1.4 CIT	E EET ADORESSST-ZIP E		hen reinstating)	DATE	D DIRECTO	DRS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND P DAUB, SCOTT 807 CHIMNEY ROCK RD.	and title if applica	oble. (NOTE	13. 1.1 TITE 1.2 NAA 1.3 STF 1.4 CIT 2.1 TITE 2.2 NAA 2.3 STF 2.4 CIT	E EET ADDRESS '-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E		hen reinstating)	DATE	D DIRECTO	DRS IN 12 Addition
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

URE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR