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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000101106**1. Corporation Name

EM FUNHMITED INC

	JINEHAILLED' HAC.				3			
Principal Plac	e of Business	Mailing Address			-	i iin esis i 400% as ist 1200 ili	// PO//P D /// 1 03 /	
		5450 S. STATE ROAD 7						
5450 S. STATE ROAD 7 5450 S. STATE ROAD 7 SUITE 10 SUITE 10								
HOLLYWOOD FL 33024 HOLLYWOOD FL 33024					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed]
:					12/16/1996			l
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	١,
21		26			65-0740907	1	Not Applicable	1
	#, etc	Suite, Apt. #, etc.	_ 1			58.75	Additional	1
22		27			5. Certificate of Status Desired	Fee	Required =	-
City & Stat	te	City & State		** * * ***	6. Election Campaign Financing	\$5.0	May Be	1
23		28		,	Trust Fund Contribution	1 1 .	d to Fees	l
Zip	Country	Zip	Country		8. This corporation owes the cur	rent year Intangible		1
24	25	29	30		Personal Property Tax.	⊠ Yes	□No	ļ
	9. Name and Address of Curre				10. Name and Address of New	Registered Agent]
- 1	And March 18 A.	4 3 C 2	81	Name				l
FLA	NAGAN, FRANK		82	Street Addre	es (P.O. Boy Number is Not Accept	ahla)		ł
5450 S. STATE ROAD 7			02	Sileet Addie	t Address (P.O. Box Number is Not Acceptable)			
SUITE 10			83	83			U 1845 BILLER	1
HOL	LYWOOD FL 33314				。 1890年 基度機能管辖地區		il kalle allı izai	l
	•	•	84	City		FI 85 Zij	Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508. Florida Statute	s. the above-	named corpo	ration submits this statement for the	purpose of changing i	ls registered	ł
office or i	to the provisions of Sections 607.050 egistered agent, or both, in the State of fainiliar with, and agcept the obliga	of Florida: Such change was au	thorized by th	ne corporation	e board of directors. I hereby acce	ot the appointment as	egistered	
/	on lagillar with, and agcept the obliga	ations in Succepti 607.0505, Flor	ida Statutes.	// no	and A	1/12/00		
SIGNATURĚ	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agent s	signature en red	when reinstating).			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECT	ORS IN 12	l
TITLE	PVST	☐ DELETE	1.1 TITLE			☐ Change	Addition	
NAME	·FLÀNAGAN, FRANK							,
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				DORESS			, .	·
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CITY-ST-ZIP			1.3 STREET A	į.		☐ Change		
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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 supplieriental annual report is true and accurate and that my eigneture 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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90011 036 ***150.00