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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000018046

1. Corporation Name

JAMES A. ERMALOVICH, INC.

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Principal Plac	e of Business	Mailing Add	dress				1 (68)(88)()(8 (9))) 		01918 BIII 1881	
8424 CRYSTAL	LANE	38424 CRYST	AL LANE									
JMATILLA FL 32		UMATILLA FL					_					
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							3. Date Incorporated	d or Qualifed				
<u> </u>	N	0- 11-91	A -1-1				02/24/1997			1 1		4
— ·	Place of Business	2a. Mailing	Address				4. FEI Number				pplied For	╡
21		26	_ 4 44 - 4 -			59-3430744				lot Applicable	4	
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.				5. Certificate of Statu	s Desired		-	-Additional Required	-
22 City & State			City & State				4 5) ((6)	. - :t				-
_, ·	le .	— <u> </u>	State				6. Election Campaig Trust Fund Contri	-			May Be I to Fees	
Zip	Country	28 Zip		Cor	untry							┨
24		— — ·		30	unuy		8. This corporation of Personal Property		rent year inta	ngible ☐ Yes	X No	
24)	9. Name and Address of Curr	29 rent Registered Ac	nent	30			10. Name and Addre		Registered A		USQ140	┨
	3. Name and Address of Curr	ioni Rogisterou Ag	, , , , , , , , , , , , , , , , , , , 		81 1	Name	10. Hallio allo Addit	333 01 110 11	togiotoi ou z	·goir		1
ERMA	ALOVICH, JAMES A											_
	4 CRYSTAL LANE				82 5	Street Add	dress (P.O. Box Number is	s Not Accept	able)			
UMAT	TILLA FL 32784				83							4
,					55							
					84 (City				85 Zip	Code	1
					1 1				<u>FL</u>	<u> </u>		
-44 5		500 1007 1500	F1- 11- 01-1-1	41								4
11. Pursuant office or r	to the provisions of Sections 607.0	502 and 607.1508, ite of Florida. Such	Florida Statut	es, the a	above-n	named corporati	poration submits this state ion's board of directors. I	ement for the hereby acce	purpose of one purpose	changing it tment as i	s registered egistered	1
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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.

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90048 047 ***150.00