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 # P97000021055

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90188 026 ***150.00

 Corporatio 	n Name							
EMC GF	ROUP, INC.	•						
						(1981) 981 (1881) (1881) 681) 681) 681) 681) 681) 681) 681)		
Principal Plac	e of Business	Mailing Addres	s	-		4 (##1169) ism ISite 1984) Savie saite sare, at		
346 TANAGER COURT 346 TANAGER COURT								
LAKELAND FL 33803-4843 LAKELAND FL 33803-4843						DO NOT WRITE IN THIS SPACE		
	•					<u></u>	HIS SPACE	
		•				3. Date Incorporated or Qualifed		
		· · · · · · · · · · · · · · · · · · ·				03/03/1997		
Principal Place of Business 2a. Mailing Address			iress			4. FEI Number	<u> </u>	olied For
21	<u></u>	26				59-3465511		Applicable
Suite, Apt. #; etc. Suite, Apt. #, etc.			#, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27						-
City & State City & State			8	,		6. Election Campaign Financing	\$5.00 Added to	
23		28		Country		Trust Fund Contribution		o rees
Zip ──¬	Country	Zip		Country		8. This corporation owes the current year		□No
24	25	29	30	<u> </u>		Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Co	urrent Registered Agen		81	Name	iv. Name and Address of New Register	ea Again	
SON	MMER, ERHARD				<u> </u>			
346 TNAGER COURT				82	Street Add	fress (P.O. Box Number is Not Acceptable)		
LAKELAND FL 33803-4843				83	 			
e a	REPUBLIC COORD TO 10			53		, ,		
_				84	City		85 Zip C	ode
	·		·		<u> </u>	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap		!
12.	Signature, typed or printed name of registers OFFICER	ed agent and title if appricable.	(NOTE: Reg	13.	nt signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	D		DELETE	1.1 TITLE]		Change	Auditio
NAME	SOMMER, ERHARD			1.2 NAME				
STREET ADDRESS	346 TANAGER COURT			1.3 STREE	TADORESS			
CITY-ST-ZIP	LAKELAND FL 33803-4843			1.4 CITY-S	T-ZIP			
THLE	D DELETE			2.1 TITLE			☐ Change	☐ Additio
NAME	BENNETT, PETER-MARK			2.2 NAME				
STREET ADDRESS	38 STINSON AVE.			2.3 STREE	TADDRESS	,		
CITY: ST-ZIP	- NEPARN ONTARIO K2H6N		-	2.4 CITY-5	ST-ZIP- =-			
TITLE	D		DELETE	3.1 TITLE			☐ Change	Additio
NAME	CAMPAGNA, SANDRO		4	3.2 NAME				
STREET ADDRESS				3.3 STREE	TADDRESS	•		
CITY-ST-ZIP	MANOTIK ONTARIO K4M			3.4. CITY-5	ST-ZIP			
TITLE			DELETE	4.1 TITLE			☐ Change	Additio
NAME			•	4.2 NAME		•		
STREET ADDRESS	s ·			4.3 STREE	TADORESS			
CITY-ST-ZIP	<u> </u>			4.4 C/TY-S	ST-ZIP			
πιΕ			DELETE	5.1 TTLE			☐ Change	☐ Additio
NAME				5.2 NAME				
STREET ADDRESS	s				TADDRESS			
CITY-ST-ZIP	<u> </u>	<u> </u>		5.4 CITY-S	ST-ZIP			
TITLE			DÊLETE	6.1 TITLE		,	☐ Change	Additio
NAME				6.2 NAME				
ATTECT 4000000	1			63 STDEE	TADDRESS			
STREET ADDRESS	S		1	0.0 OTALL	1 ADDITION		•	

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.

ERHARD SOMMER,