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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000086837 (6)

EMILFLOR, INC.

## FILED Mar 03 1998 8:00am Secretary of State



Principal Place of Business  2843 WEST ORCHARD CIRCLE DAVIE FL 33328  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 10/08/1997  2. Principal Place of Business 28. Mailing Address 28. Mailing Address 39. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 21. City & State 22. City & State 23. Country 24. Suite 25. Country 26. Suite, Apt. #, etc. 27. Country 28. Trust Fund Contribution 29. Name and Address of Current Registered Agent 29. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 22. Suite, Apt. #, etc. 23. Suite, Apt. #, etc. 24. Suite, Apt. #, etc. 25. Certificate of Status Desired 26. Election Campaign Financing 27. Trust Fund Contribution 28. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 21. Name and Address of New Registered Agent 22. Suite, Apt. #, etc. 23. Suite, Apt. #, etc. 24. Suite, Apt. #, etc. 25. Suite, Apt. #, etc. 26. Election Campaign Financing 27. Suite, Apt. #, etc. 28. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 21. Name and Address of New Registered Agent 29. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 22. Suite, Apt. #,										
DO NOT WRITE IN THIS SPACE  3. Dela incorporated or Qualified 1/0/08/1997  2. Principal Place of Business  2. Main Address  2. Main Address  2. Main Address  2. Main Address  2. Sulfe, Apt. #, etc.  2. City & State  2. City & State  2. City & State  2. Do Northy  3. Deciminating framening framening from Company Frame Required Personal Property Tax due June 30:	Principal Place of Business Mailing Address								)) ( <b>0</b> (00 ((	JI 1001 1001
DO NOT WRITE IN THIS SPACE				ARD CIRCLE						
Applied Formal Place of Business   2a, Mailing Address   2b, Sulfa, Apt. #, etc.   2b, Sulfa, Apt. #, etc.   2c, Sulfa,	DAVIE FL 333	20	DAVIE PL 33328	AVIE FL 33328			DO NOT WRITE IN THIS SPACE			
Surie, Api. #. etc.								<u> </u>		
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.	2. Principal P	lace of Business	2a. Mailing Addres	s					Ar	oplied For
City & Stato			<del></del>				65-0100210			<del></del>
28	22		27	tc.			5. Certificate of Status Desired			
Zip Country Zip Country Zip Country Zip Country 8. This corporation owes or has paid the current tenglated Personal Property Tax due June 30.	<del>_</del>	0	<del>}1</del>						•	•
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  11. The STREET ADDRESS OFFI-512P  11. OBLETE  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. STREET ADDRESS  14. OFFICERS AND DIRECTORS  14. The STREET ADDRESS  15. STREET ADDRESS  16. STREET ADDRESS  16. STREET ADDRESS  17. ST.2P  17. DELETE  18. STREET ADDRESS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. DELETE  11. The STREET ADDRESS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  17. The STREET ADDRESS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. DELETE  20. STREET ADDRESS  20. STREET ADDRESS  21. THE STREET ADDRESS  22. NAME  23. STREET ADDRESS  23. STREET ADDRESS  24. STREET ADDRESS  25. STREET ADDRESS  26. STREET ADDRESS  26.		Country		Cou	ntry	<del></del>				
10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent	_	—	· ·	<u></u>	, iti y					_ ~
800 SOUTHEAST THIRD AVENUE SUITE 300 FT LAUDERDALE FL 33316  82 Street Address (P.O. Box Number is Not Acceptable)  83	E-7			1001						
800 SQUTHEAST THIRD AVENUE SUITE 300 FT LAUDERDALE FL 33316  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City	LAF	BATE, MARK J			81	Name	,			
### City	800 SOUTHEAST THIRD AVENUE				82	Street Addre	ess (P.O. Box Number is Not Acceptable	ө)		
11. Pursuant to the provisions of Sections 607.05.02 and 607.1508, Florida Statutes, the advanced by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  Signature, byted or provided canne of registered agent and title it explicitly agent and title it explicitly agent agent and title it explicitly agent and title it explicitly agent agent and title it explicitly agent agent and title it explicitly agent a					83			<del>-</del>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, it am tamillar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, byred or printed rame of registered agent and title if applicable. (NOTE: Registered Agent signature required when relimitating). DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  MAKE  SIGNATURE  VISCIOLA, CARLO  2843 WEST ORCHARD CIRCLE  1.3 TITLE  1.3 TITLE  1.4 CITY-ST-ZIP  DAVIE FL 33328  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  Addition  Addition  MAKE  3.2 NAME  3.2 NAME  3.2 NAME  3.3 SIRELET ADDRESS  CITY-ST-ZIP  TITLE  AMME  3.3 SIRELET ADDRESS  CITY-ST-ZIP  DELETE  4.1 TITLE  Addition  Addition  MAKE  4.2 NAME  4.3 SIRELET ADDRESS  CITY-ST-ZIP  TITLE  AMME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.3 TITLE  Change Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.4 CITY-ST-ZIP  Change Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.5 TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.5 TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.5 TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.5 TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.5 TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.5 TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.5 TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.5 TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ADDITIONS/CHANGES TO OFFI	Fi	LAUDERDALE PL 33316		-	3					
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent arm familiar with, and accept the obligations of, Section 607 0505, Florida Statules.  SIGNATURE    Stypature typed or preference or registered agent aid title if applicable.   (NOTE: Registered Agent alignature required when reinstating)   DATE				<u></u>	B4	City		FL	5 Zip	Code
Skynature, typed or prefed name of registered agent aut title II angelication. (KOTE: Rogistroad Agent algrature requived when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  2.1 TITLE  Change Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  Addition  DELETE  4.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  ADDRESS  CITY-ST-ZIP  TITLE  AMME  ADDRESS  CITY-ST-ZIP  TITLE  Change Addition  ADDRESS  CITY-ST-ZIP  TITLE  Change Addition  Additio	office or re	egistered agent, or both, in the Stat	e of Florida. Such change	was authorized	d by t	named corpo the corporation	pration submits this statement for the pu on's board of directors. I hereby accept	rpose of ch the appoint	anging it ment as	is registered registered
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  VISCIOLA, CARLO  2643 WEST ORCHARD CIRCLE  DAVIE FL 33328  1.4 CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.1 TITLE  Addition  Addition  Addition  Addition  TITLE  DELETE  3.1 TITLE  Change Addition  Addition  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  Change Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition	SIGNATURE									
TITLE					l Agent	signature required			RECTOR	2S IN 12
NAME   STREET ADDRESS   DAVIE FL 33328	γ				LE		ADDITIONAL TANGES TO CATIOE			Addition
STREET ADDRESS   2843 WEST ORCHARD CIRCLE   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP		VISCIOLA, CARLO	<del></del>						•	
TITLE	ŀ		ELE			DORESS				
NAME		DAVIE FL 33328		1.4 CIT	TY-ST-	- ZIP				
STREET ADDRESS   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP			DELE	TE 2.1 T()	LE				Change	☐ Addition
CITY-ST-ZIP	NAME [			2.2 NA	ME					
TITLE         DELETE         3.1 TITLE         Addition           NAME         3.2 NAME         STREET ADDRESS         CITY-ST-ZIP         Change         Addition           CITY-ST-ZIP         3.4 CITY-ST-ZIP         Change         Addition           NAME         4.2 NAME         Change         Addition           STREET ADDRESS         4.3 STREET ADDRESS         CITY-ST-ZIP         Change         Addition           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME         Addition	STREET ADDRESS			2.3 ST	REET AC	DDRESS				
NAME	CITY-ST-ZIP				TY-ST-	- ZIP				
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP	TITLE		∐ DEL€	TE 3.1 TIT	I.E			L	Change	☐ Addition
DELETE   3.4. CITY-ST-ZIP     DELETE   4.1 TITLE   Change   Addition	NAME									
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME </td <td></td>										
NAME         4. 2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CiTY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE           NAME         5.2 NAME			Dete			- ZIP			Change	Addition
STREET ADDRESS         4.3 STREET ADDRESS           CITY-SI-ZIP         4.4 CITY-SI-ZIP           TITLE         DELETE         5.1 TITLE           NAME         5.2 NAME			DCC						Ollarige	LT: MUUITION
CITY-SI-ZIP         4.4 CITY-SI-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         Addition         Addition						DDBEEC				
TITLE DELETE 5.1 TITLE Change Addition  NAME 5.2 NAME										
NAME 5.2 NAME			☐ DELE			ZIF			Change	Addition
								_	•	
						DDRESS				ĺ
CITY-ST-ZIP 54 CITY-ST-ZIP										
TITLE DELETE 6.1 TITLE Change Addition		· <u> </u>	☐ DELE		-				Change	Addition
NAME 62 NAME	NAME			6.2 NA	ME					
STREET ADDRESS 63 STREET ADDRESS	STREET ADDRESS			6.3 ST	AEET AC	ODRESS				
CITY-ST-ZIP 6.4 CITY-ST-ZIP	CITY-ST-ZIP			6.4 CIT	Y-\$1-	ZIP				

14. I hereby certify that the information supplied indicated on this annual report or supplierne officer or director of the corporal in or the Block 12 or Block 13 if changed, or on an applied. ipg does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information feport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an usite empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Q3-02-98

954-474-8471