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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000100657 (0)

THE EMELAR GROUP, INC.

Mailing Address

FILED Jan 29 1998 8:00am Secretary of State



Principal Flace of business Maining Address						**		
4415 SHERWOOD FOREST DR. 4415 SHERWOOD FOREST DR.								
DELRAY BEACH FL 33445		DELRAY BEACH FL 33445				DO NOT MORE IN THIS COLOR		
						DO NOT WRITE IN THIS SPACE		
1						3. Date Incorporated or Qualified		
						11/24/1997		
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For		
21 26						05-080040 Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.			ž.			\$8.75 Additional		
27						5. Certificate of Status Desired Fee Required		
City & State City & State					6. Election Campaign Financing \$5.00 May Be			
23	-	— ·	¬ ·			Trust Fund Contribution Added to Fees		
	28			nte e				
Zip	Country	Zip	<u> </u>	Country		8. This corporation owes or has paid the current year intangible		
24	25 29 30		30	Personal Property Tax due June 30. Yes No				
	9. Name and Address of Currer	nt Registered Agent		1		10. Name and Address of New Registered Agent		
RAI	RAHRER, MICHAEL L					81 Name		
1	4415 SHERWOOD FOREST DR.				82 Street Address (P.O. Box Number is Not Acceptable)			
DELRAY BEACH FL 33445				oz street Address (F.O. box Number is Not Acceptable)				
5551	TAT DEAUT FE 33443		t	83				
			Ī	84	City	85 Zip Code		
						FL ** ** ** ** ** ** **		
11. Pursuant 1	to the provisions of Sections 607.050	02 and 607.1508, Florida Sta	itutes, the ab	jove	-namec	d corporation submits this statement for the purpose of changing its registered		
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 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. I am terminar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
	The contract of the state of th	20012 01, 0002011 001 10000,	Mich	100	11	Kahrer 1-23-98		
SIGNATURE .	Signature, typed or printed name of registered age	and any title if applicable //			ot signatur	re required when reinstating) DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1.1 TIT	TI F		Change Addition		
NAME	AAAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA							
STREET ADDRESS				REET	ADDRESS			
CITY-ST-ZIP	-ZIP DELRAY BEACH FL 33445			ry-s	T-ZIP			
TITLE	D DELETE 2.1 T		2.1 TIT	TLE		☐ Change ☐ Addition		
NAME	RAHRER, HELEN H 2.2N			ME				
STREET ADDRESS	ALLE ALIENWARD FOREST DD			REET	ADDRESS			
	DELDAY BEACH ET COALE							
CITY - ST - ZIP	DELRAY BEACH FL 33445 2 4) I - ZIP	Change Addition		
TITLE		L. OLLEIG	3.1 TIT			and a second of the second of		
NAME			3.2 NA					
STREET AODRESS			3.3 ST	REET	ADDRESS			
CITY-ST-ZIP			3.4. CI	TY-S	ST-ZIP			
TITLE	VACCOCCORDED NO	☐ DELETE	4,1 TIT	TLE.		Change Addition		
NAME			4. 2 N	AME				
					ADDRESS			
STREET ADDRESS								
CITY-ST-ZIP		——————————————————————————————————————	4.4 Cit		T - ZIP			
TITLE		DELETE	5.1 TiT	LE		Change Addition		
NAME			5.2 NA	ME				
STREET ADDRESS			5,3 ST	REET	ADDRESS			
CITY-ST-ZIP			5.4 CI					
TITLE		☐ DELETE	6.1 TIT			Change Addition		
NAME			6.2 NA					
STREET ADDRESS			6.3 ST	REET	ADDRESS			
C(TY - ST - Z)P			6.4 CIT					
14 I hereby o	ertify that the information supplied w	ith this filing does not qualif	v for the exe	mot	tion stat	ted in Section 119,07(3)(i). Florida Statutes, I further certify that the information		

14. I hereby certify that the information supplied with this filling 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.

CICNIATURE.

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1-23-9