

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90173 049 ***150.00

DOCUMENT # PORODOGS356

Principal Place	EM CORPORATION a of Business GARDENS BLVD. #5009	Mailing Address 5685 CYPRESS (WINTER HAVEN	GARDENS BLV	ïD. #5 009			DO NOT WRITE porated or Qualifed			
2. Principal P	face of Business	2a. Mailing Add	ress			4. FEI Numbe		0701	AP	plied For
21	<u> </u>	26					99-39	0/10		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	f, etc.			5. Certificate of	f Status Desired		\$8.75 A	
City & State	A	City & State	·			8. Election Ca	impaign Financing .		\$5.00	May Be
3		28					Contribution '		Added to	
Zip	Country	Zip		Country	7	8. This corpor	ation owes the curre			_
24	25	29	30				roperty Tax.			□No
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and	Address of New Re	gistered A	gent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				82		reet Address (P.O. Box Number is Not Acceptable)				
	• •	•		-					85 Zip C	ode
11. Pursuant office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Flor of Florida, Such char	ida Statutes, t	the above		orporation submits thi ation's board of direct	s statement for the plors. I hereby accept	urpose of c	11	registered listered
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with, and accept the obligations agreement the obligations agreement the section of the section o			the above rized by Statules	e-named co the corpora	uired when reinstating)		DATE	hanging its Iment as rag	
	Signeture, typed or printed name of registered age	ont and title if applicable.	(NOTE: Reg	the above prized by Statules stered Agent	e-named co the corpora	uired when reinstating)	s statement for the p lors. I hereby accept	DATE	hanging its the	RS IN 12
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CITY-ST-ZEP 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 appual 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 attainment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS