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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800054792

EMERSON DIRECT, INC.

Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90011 024 ***150.00



Principal Place of Business Mailing Address 4966 TAMIAMI TRAIL N. 4966 TAMIAMI TRAIL N. NAPLES FL 34103 NAPLES FL 34103 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/17/1998 Applied For 2a. Mailing Address 4. FEI Number Not Applicable 26 \$8.75 Additional Suite, Apt. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. 30 24 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CONNORS, MICHAEL J Box Number is Not Acceptable) 82 24712 HOLLYBRIER LANE **BONITA SPRINGS FL 34134** 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named como ration submits this statement for the purpose of changing its re reusant to the provisions of Sections 607.0002 and 607.1006, Frontial Statutes, the appointment of the provisions of Section 607.0002 and 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE TITLE CONNORS, MICHAEL J 1.2 NAME NAME 408 West AUP Nagles FL 34108 24712 HOLLYBRIER LANE 1.3 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Addition □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

lied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information mental 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 is receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in I hereby certify that the information indicated on this annual report of sofficer or director of the corporation Block 12 or Block 13 if change ment with an address, with all other like empowered

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR