**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000093771

1. Corporation Name

EME JAMAICA, INC.

Principal	Place	of	Business

Mailing Address

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90122 002 \*\*\*158.75



			•				- 1				
2515 E. HANNA AVENUE TAMPA FL 33610			2515 E. HANNA AVENUE TAMPA FL 33610				DO NOT WRITE IN THIS SPACE				
							3. D	ate Incorporated or Qualifed			
							1	1/03/1998			
2.	Principal Place of Business	2a	. Mailing Address					El Number			Applied For
<u>-</u>	,o, a	26					-	59-3541660			Not Applicable
<u></u>	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			_	5. C	ertifcate of Status Desired	[3]	•	75 Additional e Required
2	City & State		City & State	_		_	6 F	lection Campaign Financing		\$5	.00 May Be
3	City & Ozalo	28	July a squis	-		<b>.</b>	4 '	rust Fund Contribution	<u> </u>		ded to Fees
-1	Zip Cou	ntry	Zip	Co	untry		8. T	his corporation owes the currer	nt year Intan	gible	
4	25	29		30			P	ersonal Property Tax.	[	Yes	<b>∛</b> INo
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
	WILLIAMSON, LEON A				81	Name					
2515 E. HANNA AVENUE			82	82 Street Address (P.O. Box Number is Not Acceptable)							
	TAMPA FL 33610				83						
					R4	City				85	Zip Code

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Clareture 4 and or printed gove of conjute of con-	title if applicable /MOTE - I	Zenistered Anent sylnature re	quired when reinstating)	DATE	}				
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS			egistared Agent signature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	D	☐ DELETE	1.1 TITLE	P/D		Addition				
NAME	JURADO, JAIME		1.2 NAME							
STREET ADDRESS	2515 E. HANNA AVENUE		1.3 STREET ADDRESS			}				
CITY-ST-ZIP	TAMPA FL 33610		1.4 CITY-ST-ZIP							
TITLE	D	☐ DELETE	2.1 TITLE	S/T/D	∑ Change	☐ Addition				
NAME	WALKER, FRANKLIN		2.2 NAME			1				
STREET ADDRESS	2515 E. HANNA AVENUE		2.3 STREET ADDRESS			)				
CITY-ST-ZIP	TAMPA FL 33610		2.4 CITY-ST-ZIP							
TITLE		☐ DELETE	3.1 TITLE	V/D	Change					
-NAME			3.2 NAME	SIERRA, FRANK J.	_					
STREET ADDRESS			3.3 STREET ADDRESS	2515 E. HANNA AVENUE		Ì				
C/TY-ST-ZIP			3.4. CITY+ST+ZIP	TAMPA, FL 33610						
TITLE		☐ DELETE	4.1 TITLE	•	Change	☐ Addition				
NAME			4. 2 NAME	•						
STREET ADDRESS			4.3 STREET ADDRESS			j				
CITY-ST-ZIP			4.4 CITY-ST-ZIP							
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition				
NAME			5.2 NAME			J				
STREET ADDRESS			5.3 STREET ADORESS			}				
CITY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition				
NAME			6.2 NAME			ļ				
STREET ADDRESS		7 10	6.3 STREET ADDRESS			}				
CITY-ST-ZIP		$\mathcal{A}//$	6.4 CITY-ST-ZIP	(n Section 119 07/3)(i) Florida Statutes   fun		<u> </u>				

is true and accurate and that my squature shall have the same legal effect as if made under oath; that I am an impowered to execute this report at required by Chapter 607. Florida Statutes, and that my name appears in address, with all other like impowered. indicated on this annual report or supplemental annu officer or director of the corporation of the receiver Block 12 or Block 13 if changed, or on an attachmen

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

(813)238-5010

Daytime Phone #