


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

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90050 029 \*\*\*150.00

0071465

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S63040</b>					
1. Corporation Name <b>E &amp; M FIRESTONE ASSOCIATES, INCORPORATED</b>					
Principal Place of Business <b>2045 LA VALLEY LN DELAND FL 32720 US</b>		Mailing Address <b>2045 LA VALLEY LN DELAND FL 32720 US</b>			
2. Principal Place of Business <b>917 PLANTATION ROAD</b>		2a. Mailing Address <b>917 PLANTATION ROAD</b>		3. Date Incorporated or Qualified <b>06/24/1991</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>65-0288676</b>	
City & State <b>KEY LARGO, FL</b>		City & State <b>KEY LARGO, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33037</b>		Zip <b>33037</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>MONROE</b>		Country <b>MONROE</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>FIRESTONE, ELAINE B 2045 LA VALLEY LANE DELAND FL 32720</b>				10. Name and Address of New Registered Agent	
				81 Name <b>ROBERT L. LINGENFELSER</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>917 PLANTATION ROAD</b>	
				83	
				84 City <b>KEY LARGO</b>	
				85 Zip Code <b>FL 33037</b>	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <b>PD</b>					
1.2 NAME <b>ELAINE B. FIRESTONE</b>					
1.3 STREET ADDRESS <b>917 PLANTATION ROAD</b>					
1.4 CITY-ST-ZIP <b>KEY LARGO, FL 33037</b>					
2.1 TITLE <b>S</b>					
2.2 NAME <b>MARTIN E. FIRESTONE</b>					
2.3 STREET ADDRESS <b>917 PLANTATION ROAD</b>					
2.4 CITY-ST-ZIP <b>KEY LARGO, FL 33037</b>					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

*M. C. E. F. L.* SEC'y  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99  
Date

(305) 457-0778  
Daytime Phone #

CR2E034 (11/98)