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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V14485

EMBO, INC.

Principal Place of Business Mailing Address

 	 •	

6810 FRONT ST STOCK ISLAND KEY WEST FL S US 2. Principal Pl 21 Suite, Apt.	ace of Business	2a. Mailing Address 26 506 Louisa Suite, Apt. #, etc.	Street	DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 02/17/1992 4. FEI Number 65-0315857 5. Certificate of Status Desired	Ar	pplied For ot Applicable Additional	
22		27		5. Cermicale of Status Desired	Fee R	equired	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28 Key West, F		Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Int.			
24	25		U.S.A.	Personal Property Tax.	Yes	TXN0	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent		
517	RELLY GREG WHITEHEAD ST WEST FL 33040		81 Name Gregory G. Farrelly 82 Street Address (P.O. Box Number is Not Acceptable) C/O Catalfomo & Farrelly 83 506 Louisa Street				
			84 City	FL FL		Code 040_	
11. Pursuant	to the provisions of Sections 607,0502	a 607.1508, Florida Statutes,	the above-named	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appoin	changing its	s registered	
office or r	egistered agent, or both, in the State of	Florida, Such change was auth	orized by the corpo	pration's board of directors. I hereby accept the appoin	ntment as re	egistered	
ł	/ la/ l				26/99	. 1	
SIGNATURE	Signature, yped or printed name of registerels abent a	nd title if applicable. NOTE: Re	gistered Agent signature re	Farrelly ON/C			
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	PD	☐ DELETE	1.1 TITLE		X Change	☐ Addition	
NAME	FEENEY, THERESA A.	•	1.2 NAME			{	
STREET ADDRESS	6810 FRONT STREET, STOCK IS	CLAND	1.3 STREET ADDRESS	1700 Bahama Drive		1	
CITY-ST-ZIP	KEY WEST FL		1.4 CITY-ST-ZIP	Key West, FL 33040			
TITLE		☐ DELETE	2.1 TITLE		Change	Addition	
NAME	·		2.2 NAME			í	
STREET ADDRESS			2.3 STREET ADDRESS		,	1	
CITY-ST-ZIP	r		2.4 CITY-ST-ZiP	. v-y -	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Addition	
NAME			32 NAME				
STREET ADDRESS			3.3 STREET ADDRESS			ļ	
CITY-ST-ZIP			3.4. CfTY-ST-ZiP				
TITLE		☐ DELETE	4.1 TITLE	-	Change	☐ Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS			ļ	
CITY-ST-ZIP		_	4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition	
NAME			5.2 NAME			}	
STREET ADDRESS			5.3 STREET ADDRESS)	
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition	
NAME			6.2 NAME			ĺ	
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. 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 path; 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

Theresa A. Feeney