

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90005 025 ***150.00

DOCUMENT # V71823

1. Corporation Name
E-MAIL OF AMERICA, INC.

Principal Place of Business

1475-BANKS ROAD
MARGATE FL 33063

Mailing Address

1475 BANKS ROAD
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/19/1992

4. FEI Number
65-0363906

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 6289 W. Sample Rd.
Suite, Apt. #, etc.

2a. Mailing Address

26 6289 W. Sample Rd.
Suite, Apt. #, etc.

22 City & State

23 Coral Springs FL

24 33067 25 USA

27 City & State

28 Coral Springs FL

29 33067 30 USA

9. Name and Address of Current Registered Agent

BRENNERS, STEVEN R.
3200 UNIVERSITY DR.
SUITE 28
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
NEWMAN, HOWARD L.
1475-BANKS ROAD
MARGATE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
NEWMAN, HOWARD L.
1475-BANKS ROAD
MARGATE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
6289 W Sample Rd.
Coral Springs FL 33067

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
6289 W. Sample Rd.
Coral Springs FL 33067

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
DELETED

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
DELETED

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
DELETED

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
DELETED

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)