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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 310137

(5)

ELECTROMOTIVE DIESEL CORPORATION							
Principal Place of Business	Mailing Address						
5199 NW EDGARTON TERR (34983) PO BOX 8223 PORT ST LUCIE FL 34985	5199 NW EDGARTON TERR (34983) PO BOX 8223 PORT ST LUCIE FL 34985-8223						

FILED Apr 29 1997 8:00am Secretary of State



PO BOX 8223 PORT ST LUCI	•	5199 NW EDGARTON TER PO BOX 8223 PORT ST LUCIE FL 3498:	, ,	•	3. Date Incorporated or Qualified	3a. Date of Last R	Report	
					10/19/1966	04/26/1996	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	pplied For	
21		[26]			59-1562629	No.	ot Applicable	
Suite, Apt :	#, elc	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired	
City & State 23	,	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Ζφ. 24	Country 25	Zip	Countr 30	у	8. This corporation has liability for in Florida Statutes	ntangible tax under s Yes 🚺 No	. 199.032,	
<u> </u>	9. Name and Address of Cu	rrent Registered Agent	- ,,,,,	10. Name and Address of New Registered Agent				
AD7	IMA,ANDREW J.		8	Name				
5199 NW EDGARTON TERR			82	Street Add	et Address (P.O. Box Number is Not Acceptable)			
POI	ST LUCIE FL 34983		8:	3				
			84	City		FL 85 Zip	Code	
agént. Lar SIGNATURE	n familiar with, and accept the o	bligations of, Section 607.0505, Fi	lorida Statute	es.	poration submits this statement for the p ation's board of directors. I hereby accep		ts registered registered	
	Signature, typical or purified name of registers			gent signature requ	ired when reinstating)	DATE		
12,		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TI*LE	PD	DELETE	1.1 TITLE			☐ Change	Addition	
NAV?	adzima,andrew J.		1.2 NAME					
STREET ADDRESS	5199 NW EDGARTON TER	R	1.3 STREE	T ADDRESS				
CITY - ST - ZIF	PORT ST LUCIE FL		1.4 CITY -	ST-ZIP				
Tiflé	SD	DELETE	2.1 TITLE			☐ Change	Addition	
NAM)	adzima,dorothy M.		2.2 NAME					
STREET ADDRESS	5199 NW EDGARTON TER	R	2.3 STREE	T ADDRESS				
CHY-ST ZP	PORT ST LUCIE FL		2. 4 CiTY	1				
TILLE		DELETE	3.1 TITLE			Change	Addition	
NAM:		··-	3.2 NAME	[
STREET ADDRESS				T ADORESS				
City-S1-79			34. CITY	1				
HILE		☐ DELETE	4.1 THILE		······································	Change	Addition	
NAME			4. 2 NAM			time or the figure	- 100,000	
STREET ADDRESS				T ADDRESS				
CITY ST-ZIP		DELETE	4.4 CITY-			Change	Addition	
TillE		T'I heraje	5 1 TITLE	1		L1 Change	Monnou	
NAME			5.2 NAME	ì				
STREET ADDRESS			5.3 STAE	et address				
CITY - ST - ZIP			5.4 CITY-					
1. TLF		☐ DELETE	61 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			63 STRE	ET ADDRESS				
CHY-ST-ZIP			6.4 City	ST-ZIP				

i do 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