

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769080 (3)
1. Corporation Name
EXECUTIVE MANAGERS ASSOCIATION, INC. IN THE STATE OF FLORIDA



Principal Place of Business Mailing Address
4748 S. OCEAN BLVD. APT 101 HIGHLAND BEACH FL 33487 US

3. Date Incorporated or Qualified **06/23/1983** 3a. Date of Last Report **02/28/1995**
4. FEI Number **59-2495382** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**LAGUARDIA, JOANNE
4748 S. OCEAN BLVD. #101
HIGHLAND BEACH FL 33487**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMINGLER, JERE	
STREET ADDRESS	4131 GROVE PARK LANE	
CITY-ST-ZIP	LANTANA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GREKOWICZ, STEVEN	
STREET ADDRESS	3224 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BCH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FADER, SCOTT	
STREET ADDRESS	1 HARBOURSIDE DR. #4106	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LAGUARDIA, JOANNE	
STREET ADDRESS	4748 S. OCEAN BLVD. #101	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAIRE, FRANK I	
STREET ADDRESS	4120 NE 27TH TERR., LIGHTHOUSE POINT	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GODERRE, RANDY	
STREET ADDRESS	1200 S. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DIRECTOR
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S Shirley Horwath
3.3 STREET ADDRESS	1180 S. Ocean Blvd
3.4 CITY-ST-ZIP	BOCA RATON, FL 33432
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP Parker, Billy
6.3 STREET ADDRESS	1629 Riverview Rd #220
6.4 CITY-ST-ZIP	Deerfield Bch., FL 33441

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Joanne La Guardia* 3/6/96 407-391-7875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)