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Feb 13 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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  
 4748 S. OCEAN BLVD. APT 101 HIGHLAND BEACH FL 33487-5367 US

3. Date Incorporated or Qualified 06/23/1983  
 3a. Date of Last Report 03/13/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2495382	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
City & State	City & State	27	\$5.00 May Be Added to Fees
Zip Country	Zip Country	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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: *Joanne L. Guarden* DATE: 1/31/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMINGLER, JERE	1.2 NAME	
STREET ADDRESS	4131 GROVE PARK LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LANTANA FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREKOWICZ, STEVEN	2.2 NAME	
STREET ADDRESS	3224 S OCEAN BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	HIGHLAND BCH FL	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORWATH, SHIRLEY	3.2 NAME	
STREET ADDRESS	1180 S OCEAN BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAGUARDIA, JOANNE	4.2 NAME	
STREET ADDRESS	4748 S. OCEAN BLVD. #101	4.3 STREET ADDRESS	
CITY - ST - ZIP	HIGHLAND BEACH FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAIRE, FRANK I	5.2 NAME	
STREET ADDRESS	4120 NE 27TH TERR., LIGHTHOUSE POINT	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	5.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, BILLY	6.2 NAME	
STREET ADDRESS	1629 RIVERVIEW ROAD #220	6.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	6.4 CITY - ST - ZIP	

14. 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 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 L. Guarden* DATE: 1/31/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)