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**Mar 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F13950 (3)

1. Corporation Name
EMMELEE ENTERPRISES, INC.



Principal Place of Business 1730 HILL AVENUE C/O BOBBY SOLES WEST PALM BEACH FL 33407	Mailing Address 3009 S.E. MONROE ST. STUART FL 34997-5981 US
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3. Date Incorporated or Qualified 01/07/1981	3a. Date of Last Report 04/05/1996
4. FEI Number 59-2054929 65-0694821	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 1730 Hill Avenue
22 City & State	27 City & State
23 Zip	28 West Palm Beach FL
24 Country	29 33407
25 Country	30 Country

9. Name and Address of Current Registered Agent

**SOLES, BOBBY
3009 S.E. MONROE ST.
MAGNOLIA PARK
STUART FL 34997**

10. Name and Address of New Registered Agent

81 Name
Soles, Bobby

82 Street Address (P.O. Box Number is Not Acceptable)
1730 Hill Avenue

83
Magnolia Park

84 City
West Palm Bch

85 Zip Code
FL 33407

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 Bobby Soles (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when resigning) DATE **3-11-97**

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	SOLES, BOBBY	
STREET ADDRESS	1748 JUPITER COVE DR., #618	
CITY-ST-ZIP	JUPITER FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SOLES, MARJORIE L.	
STREET ADDRESS	1748 JUPITER COVE DR., #618	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Soles, Bobby	
13 STREET ADDRESS	1748 Jupiter Cove Dr., #618	
14 CITY-ST-ZIP	Jupiter FL	
21 TITLE	SECRETARY - TREASURER - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SOLES, MARJORIE L.	
23 STREET ADDRESS	1748 JUPITER COVE DR. #618	
24 CITY-ST-ZIP	JUPITER FL	
31 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	SOLES, Dwayne	
33 STREET ADDRESS	5942 Cayman Circle West	
34 CITY-ST-ZIP	WEST PALM BEACH FL	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Bobby Soles DATE **3-11-97** (5/11) EUE 618

CR2E034 (9/96)