

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90001 040 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P10140
 1. Corporation Name
EMS FINANCIAL, INC.



Principal Place of Business 2655 INTERPLEX DR. TREVOSE PA 19053	Mailing Address 2655 INTERPLEX DR. TREVOSE PA 19053
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/19/1986	
21	26	4. FEI Number 23-2387190		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BLANTON, EDWIN F 825 THOMASVILLE ROAD TALLAHASSEE FL 32303				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	85. Zip Code FL

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPEO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURKE, W T	1.2 NAME	Paul B. Shannon
STREET ADDRESS	213 MARKET ST	1.3 STREET ADDRESS	213 market street
CITY-ST-ZIP	HARRISBURG PA 17105	1.4 CITY-ST-ZIP	Harrisburg, PA 17105
TITLE	ECFO <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLAHERTY, ALICE D	2.2 NAME	William L. Wilcox, Jr.
STREET ADDRESS	2655 INTERPLEX DR.	2.3 STREET ADDRESS	33 S. Charles Street
CITY-ST-ZIP	TREVOSE PA 19053	2.4 CITY-ST-ZIP	Baltimore, MD 21201
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYDEN, J R	3.2 NAME	
STREET ADDRESS	8 NESHAMINY INTERPLEX,	3.3 STREET ADDRESS	
CITY-ST-ZIP	TREVOSE PA 19053	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARLING, M G	4.2 NAME	Gregory K. Thoreson
STREET ADDRESS	2655 INTERPLEX DR	4.3 STREET ADDRESS	25 S. Charles Street
CITY-ST-ZIP	TREVOSE PA 19053	4.4 CITY-ST-ZIP	Baltimore, MD 21201
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, G W	5.2 NAME	Joseph M. McFarland
STREET ADDRESS	213 MARKET ST	5.3 STREET ADDRESS	6701 Baymeadow Drive
CITY-ST-ZIP	HARRISBURG PA 17105	5.4 CITY-ST-ZIP	Glen Burnie, MD
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSH, C M	6.2 NAME	Jane E. King
STREET ADDRESS	213 MARKET ST	6.3 STREET ADDRESS	25 S. Charles Street
CITY-ST-ZIP	HARRISBURG PA 17105	6.4 CITY-ST-ZIP	Baltimore, MD 21201

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.

SIGNATURE: _____ DATE: **7/27/99** (410) 244-3814

CR2E034 (5/99)