

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 210050 (1)

1. Corporation Name

EMARK CORPORATION



Principal Place of Business

154 S. COMMERCE ST.
P.O. BOX 755
SEBRING FL 33871-0755

Mailing Address

154 S. COMMERCE ST.
P.O. BOX 755
SEBRING FL 33871-0755

3. Date Incorporated or Qualified

02/24/1958

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1276742

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ERNEST M. BREED
154 S. COMMERCE AVE.
P.O. BOX 353
SEBRING FL 33871-0353

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 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

Ernest M. Breed

Signer in error 8/16/96

(NOTE: Registered Agent Signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BREED, ERNEST M.	
STREET ADDRESS	154 S. COMMERCE AVE.	
CITY-ST-ZIP	SEBRING FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HESTON, CHARLOTTE B.	
STREET ADDRESS	1103 NE LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BREED, CHARLOTTE N.	
STREET ADDRESS	509 NE LAKEVIEW DR.	
CITY-ST-ZIP	SEBRING FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BREED, ERNEST MARK, III	
STREET ADDRESS	509 NE LAKEVIEW DR.	
CITY-ST-ZIP	SEBRING FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BREED, DAVID S.	
STREET ADDRESS	509 NE LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BREED, JOHN N.	
STREET ADDRESS	509 NE LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ernest M. Breed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/17/96

941
285-7020
Daytime Phone

CR2E034 (12/95)