


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 . . .

FILED

Jul 08 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 210050 (1)</b> 1. Corporation Name <b>EMARK CORPORATION</b>					
Principal Place of Business <b>154 S. COMMERCE ST. P.O. BOX 755 SEBRING FL 33871-0755</b>			Mailing Address <b>154 S. COMMERCE ST. P.O. BOX 755 SEBRING FL 33871-0755</b>		
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>02/24/1958</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		3a. Date of Last Report <b>04/23/1996</b>	
City & State <b>23</b>		City & State <b>28</b>		4. FET Number <b>59-1276742</b>	
Zip <b>24</b>		Zip <b>29</b>		Applied For <input type="checkbox"/> Not Applicable	
Country <b>25</b>		Country <b>30</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>ERNEST M. BREED 154 S. COMMERCE AVE. P.O. BOX 353 SEBRING FL 33871-0353</b>			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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
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				



CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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

SIGNATURE

7/6/97

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