


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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 280613 (1) 1. Corporation Name EMBCO, INC.					
Principal Place of Business 6917 COLLINS AVENUE MIAMI BEACH FL 33141			Mailing Address 6917 COLLINS AVENUE MIAMI BEACH FL 33141		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/20/1964 4. FEI Number 59-1038358 Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent NESTOR, BRENDA 6917 COLLINS AVENUE MIAMI BEACH FL 33141				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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	POSNER, VICTOR				
STREET ADDRESS	6917 COLLINS AVENUE				
CITY-ST-ZIP	MIAMI BEACH FL 33141				
TITLE	EVP	<input type="checkbox"/> DELETE			
NAME	COLVIN, MELVIN R				
STREET ADDRESS	6917 COLLINS AVENUE				
CITY-ST-ZIP	MIAMI BEACH FL 33141				
TITLE	TS	<input type="checkbox"/> DELETE			
NAME	LAUNER, BLANCHE S.				
STREET ADDRESS	6917 COLLINS AVENUE				
CITY-ST-ZIP	MIAMI BEACH FL				
TITLE	VTD	<input type="checkbox"/> DELETE			
NAME	POSNER, GAIL				
STREET ADDRESS	6917 COLLINS AVENUE				
CITY-ST-ZIP	MIAMI BEACH FL 33141				
TITLE	EVD	<input type="checkbox"/> DELETE			
NAME	NESTOR, BRENDA				
STREET ADDRESS	6917 COLLINS AVE				
CITY-ST-ZIP	MIAMI BCH FL 33141				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	FIELD, LISA M.				
STREET ADDRESS	6917 COLLINS AVE				
CITY-ST-ZIP	MIAMI BCH FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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 checked="" type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP		33141			
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 checked="" type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP		33141			

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: _____

Sandra B. Mortham

4/10/98 (305) 866-7272

CR2E034 (10/97)