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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 308280

E. M. E. CORPORATION

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Principal Place of Business	Mailing Address
1333 Meridian avenue	1136 NE 210 TERR.
Miami Beach Fl 33139	MIAMI FL 33179-2052

## **FILED** Jun 19 1997 8:00am Secretary of State

Principal Place of Business	Mailing Address		.]	
1333 MERIDIAN AVENUE 1136 NE 210 TERR. MIAMI BEACH FL 33139 MIAMI FL 33179-2052 US				
			3. Date Incorporated or Qualified 08/19/1966	3a. Date of Last Report 04/10/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-1147293	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	. I CALLA ARIAN FROM IN. POP. BETTERMENT OF MATERIAL TO	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 * 25	7ip 3	Country	8. This corporation has liability for int Florida Statutes	angible tax under s. 199.032, Yes 🔲 No
Name and Address of Cur	rent Registered Agent		10. Name and Address of New Regi	stered Agent
SAMON, DAVID		81 Name	HELDON T. D	BUNN
5801 BISCAYNE BLVD MIAMITEL 33137		82 Street Add	ress (D.O. Box/Viriber is Not-Accontable	TERR
• / \		83 <b>U</b>	1AMI, FZ	
		84 City	and the second s	FL *533179
11. Pursuant to the provisions of Sections 607.0 office or registered eyent or both, in the St	0502 vid 607.1508, Florida Statutes ate di Norida Such change was aut	the above-named corporate Statutes	poration submits this statement for the pur tion's board of directors. I hereby accept	pose of changing its registered the appointment as registered

**SIGNATURE** Stonature, typed or printed name of registered agent and title if applicable (NOTE\_Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE Change Addition TITLE 1.1 TITLE **DOUNN, EDITH E** NAME 1.2 NAME 1333 MERIDIAN AVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 21 117LE TITLE **DOUNN, SHELDON T** 22 NAME NAME 1333 MERIDIAN AVE STREET ADDRESS 23 STREET ADDRESS MAMI BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change 3.1 TITLE TITLE DOUNN, EDITH E. 3.2 NAME NAME 1333 MERIDIAN AVE. STREET ADDRESS 3.3 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 34. C(TY-S1-Z)P ☐ DELETE Change Addition 41 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 51 THEF NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS

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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 1, if or Induct, or on an attagrament with an address. \*\*\*165.00

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DELETE

Change

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