

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

FILED

Feb 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 842494 (7)
1. Corporation Name
EMERY CORPORATION

Principal Place of Business
300 NW 12TH AVE.
DEERFIELD BEACH FL 33442-1706

Mailing Address
300 NW 12TH AVE.
DEERFIELD BEACH FL 33442-1706



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/30/1979		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 56-1212062		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
SADER, ROBERT L.
2651 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33306

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

Signature typed or printed name of registered agent and title (NOTE: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CBT EMERY, BEVERLY 300 N.W. 12TH AVE. DEERFIELD BCH FL	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VS MURPHY, SHERYL EMERY HWY 181, N. MORGANTON N	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	V EMERY, DENNIS 300 N.W. 12TH AVE. DEERFIELD BCH FL	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	P EMERY, MARK HWY. 181 N. MORGANTON NC	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	V TAULBEE, MERYL 300 NW 12TH AVE. DEERFIELD BEACH FL	5.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	Taulbee, Meryl
STREET ADDRESS		5.3 STREET ADDRESS	HW-1 181 N.
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Morganton, NC 28655
TITLE	AS STOCKTON, SUSAN HWY 181 N MORGANTON NC	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	40000020881
STREET ADDRESS		6.3 STREET ADDRESS	-02/14/97--01033--050
CITY - ST - ZIP		6.4 CITY - ST - ZIP	***165.00

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: *Beverley A. Emery* Beverley A. Emery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)