

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

FILED
Jan 27 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 # **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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/30/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 56-1212062	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SADER, ROBERT L.
2851 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33308**

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

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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: *[Signature]* 1/13/98 954421-8100

CR2E034 (10/97)