


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

FILED
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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 842494

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 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/30/1979	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 56-1212062	
City & State 23		City & State 28		Applied For Not Applicable	
Zip 24		Country 25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 29		Country 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMERY, BEVERLY	1.2 NAME	
STREET ADDRESS	300 N.W. 12TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMERY, RONALD	6.2 NAME	
STREET ADDRESS	HWY 181 NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	MORGANTON NC 28655	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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)