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 # F9400003825 (6)

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Broak 131 changed or in an affactment with an address.

EMERSON STATIONERY, INC.

| Principal Place of Business Mailing Address | | | | | | | " (1846 1847 1841 1850 1860 1860 1860 1860 1860 1860 1860 1860 1860 1860 1860 1 | Då ste davot (1114 | 1 18116 1686 | H BIN HADI | |
|---|---|----------------------------------|---------|--------------------|---------------------------------------|---------------|--|---------------------------------------|--------------|---|--|
| 2877 FOREST | HILL BLVD. | P.O. BOX 15773 | | | | | | | | | |
| #101 | F404 F1 00400 | WEST PALM BEACH FL 33416-5773 US | | | | | į | * | | | |
| WEST PALM BEACH FL 33406 US US | | | | | | | 3. Date Incorporated or Qualified | Ten Data | of Last D | loport | |
| | | | | | | | 07/21/1994 | 3a. Date of Last Report 05/01/1996 | | | |
| 2. Principal Pi | lace of Business | 2a. Mailing | Address | | | | 4, FEI Number | | Ar | oplied For | |
| 21 P.O. BOX / J 773 26 | | | | | | | | | | ot Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | | | | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | |
| City & State City & State | | | | | | | 6. Election Campaign Financing | | \$5.00 | May Be | |
| 23 W PALM BEACH FL 28 | | | | | Trust Fund Contribution Added to Fees | | | | | | |
| Zip 24 334/ | Country | Zip | | | | | 8. This corporation has liability for intangible tax under s. 199.032, | | | | |
| 24 334, | 16 25 | 29 | 3 | 30 | | | | Yes 🛂 I | | · · · | |
| | g, Name and Address of Current | Registered Ag | eni | | | | 10. Name and Address of New Re | gistered Age | int | | |
| WITKOWSKI, RONALD 81 Nam | | | | | | | | | | į | |
| 12788 W. FOREST HILL BLVD., #2003 WEST PALM BEACH FL 33414 | | | | | Stre | et Addre | dress (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | | | | | | | |
| | | | | 83 | * | | | | | Ţ | |
| | | | | 84 | City | | | | 35 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 agen | | (NOTE | | gent signa | dure required | d when (einstating) | DATE | | | |
| 12. | OFFICERS AND | | Deverse | 13. | | _T | ADDITIONS/CHANGES TO OFFIC | | | | |
| TITLE | PDC | ı | DELETE | 1.1 TrillE | | - 1 | | L | Change | Addition | |
| NAME | AMON LINIKOIDE DD | | | 1.2 NAME | | - } | | | | | |
| STREET ADDRESS | UEST INOTON EL DOZZA | | | 1.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | WELLINGTON FL 33414 | | 155.555 | 1.4 CITY- | S1-ZIP | | | | | | |
| TITLE | STDC | L | DELETE | 2.1 THLE | | | | L | Change | Addition | |
| NAME | BLITZER, ELAINE | | | 22 NAME | | | | | | | |
| STREET ADDRESS | 2690 LINKSIDE DR. | | | 2.3 STREE | | ss | | | | ļ | |
| CITY-ST-ZIP | WELLINGTON FL 33414 | | Torrere | 2. 4 CITY | S1-ZIP | | | | | 11449 | |
| TITLE | | ŧ | DELETE | 3.1 TITLE | | | | L | Change | Addition | |
| NAME | | | | 3.2 NAME | | ļ | | | | ľ | |
| STREET ADDRESS | | | | 3.3 \$1REE | | ss | | | | | |
| CITY-ST-ZIP | | | DOLEN. | 34.€:17- | - \$1 - ZIP | | | | Carterian | T 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | |
| †ITLE | | L | DELETE | 4.1 TITLE | | | | | Change | Addition | |
| NAME | | | | 4. 2 NAME | | - } | | | | ! | |
| STREET ADDRESS | | | | 4.3 \$ PEE | t addre | ss | | | | | |
| CITY-ST-ZIP | | | 1 57.5 | | ST-ZIP | | | | | | |
| TITLE | | l | DELETE | 5.1 Te F | | ļ | | L. | Change | Addition | |
| NAME | | | • | 5.2 f | | | | | | | |
| STREET ADDRESS | | | | 535 EE | 1 ADDRE | ss | | | | | |
| CITY-ST-ZIP | | | | | ST-ZIP | | | | | | |
| TITLE | | L | DELETE | 6.1 E | | | | اسا | Change | Addition | |
| NAME | | | | 6.2 E | | - [| • | | | İ | |
| STREET ADDRESS | | | | 6.3 F | LANDRE: | 1 22 | | | | ľ | |

comption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the curate and that my signature shall have the same legal effect as if made under oath; that cute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

May 08 1997 8:00am

Secretary of State