

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000002654 (0)**

1. Corporation Name

EMA FLORIDA, INC.



Principal Place of Business

**289 CRANBERRY ROAD
FARMINGDALE NJ 07727**

Mailing Address

**289 CRANBERRY ROAD
FARMINGDALE NJ 07727**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

06/01/1995

3a. Date of Last Report

4. FEI Number

22-3315115

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

1. NAME	PCD	☒ DELETE
2. NAME	KNEUCKER, KELLY	
3. STREET ADDRESS	289 CRANBERRY ROAD	
4. CITY-STATE-ZIP	FARMINGDALE NJ	
5. TITLE	V	☒ DELETE
6. NAME	THOMPSON, MICHELE	
7. STREET ADDRESS	1 THAMES DRIVE	
8. CITY-STATE-ZIP	FREEHOLD NJ	
9. TITLE	S	☐ DELETE
10. NAME	THOMPSON, NATHAN	
11. STREET ADDRESS	1 THAMES DRIVE	
12. CITY-STATE-ZIP	FREEHOLD NJ	
13. TITLE	T	☐ DELETE
14. NAME	KNEUCKER, MICHAEL	
15. STREET ADDRESS	289 CRANBERRY ROAD	
16. CITY-STATE-ZIP	FARMINGDALE NJ	
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		
21. TITLE		☐ DELETE
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24. CITY-STATE-ZIP		
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59. STREET ADDRESS		
60. CITY-STATE-ZIP		
61. TITLE		☐ DELETE
62. NAME		
63. STREET ADDRESS		
64. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
25. TITLE	☐ Change ☐ Addition
26. NAME	
27. STREET ADDRESS	
28. CITY-STATE-ZIP	
29. TITLE	☐ Change ☐ Addition
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31. STREET ADDRESS	
32. CITY-STATE-ZIP	
33. TITLE	☐ Change ☐ Addition
34. NAME	
35. STREET ADDRESS	
36. CITY-STATE-ZIP	
37. TITLE	☐ Change ☐ Addition
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39. STREET ADDRESS	
40. CITY-STATE-ZIP	
41. TITLE	☐ Change ☐ Addition
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43. STREET ADDRESS	
44. CITY-STATE-ZIP	
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56. CITY-STATE-ZIP	
57. TITLE	☐ Change ☐ Addition
58. NAME	
59. STREET ADDRESS	
60. CITY-STATE-ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Michael Kneucker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96

908-919-0535

CR2E034 (12/95)