## 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 # G25718

(9)

EMDA INVESTMENTS, INC.

FILED
Jan 22 1997 8:00am
Secretary of State

Principal Place of Business  % FRED M. RINGEL 1301 RIVERPLACE BLVD. SUITE 1500 JACKSONVILLE FL 32207 US  2. Principal Place of Business		% FRED M. RI 1301 RIVERPLI JACKSONVILLI US 2a. Mailing Ar	2a. Mailing Address				3. Date Incorporated or Qualified 02/28/1983 02/20/1996 Applied For Applied For		
Suite, Apr	t #, etc	Suite Apt	t. #, etc.				59-2262006  5. Certificate of Status Desired	Not     Not	Applicable Iditional
City & Sta	ale.	City & Sta	uto.					Fee Req	
23	11(;	28	ne				6. Election Campaign Financing Trust Fund Contribution	\$5.00 N	
Zip	Country	Zip		Country	7	1	8. This corporation has liability for i		99.032,
24	25 9. Name and Address of Curre	29	30	1			Florida Statutes  0. Name and Address of New Re	Yes No	
DIM	IGEL, FRED M.	iii negistereu Agei		81	Name		V. Hallie alla Addiess di Hew Ne	Alstered Walle	
	)1 RIVERPLACE BLVD			82	Street A	ddigee	(P.O. Box Number is Not Acceptab	lo\	
	ITE 1500						(1.0, box Northber is Not Acceptab		
JAC	CKSONVILLE FL 32207			83					
!				84	City		······································	FL 85 Zip Co	ode
11. Pursuan office or agent 1 SIGNATURE	It to the provisions of Sections 607.05 registered agent, or both, in the Station familiar with, and accept the obligations of the provision o	e of Florida, Such of pations of, Section 6	hange was auth 607.0505, Florid	norized bi ia Statute	y the corp s.	oration'	tion submits this statement for the p s board of directors. I hereby acception then reinstating)  ADDITIONS/CHANGES TO OFFICE	ot the appointment as re	egistered
Trite	DP		DELETE	1.1 TOLE				Change	Addition
NAME	RINGEL, FRED M.			1,2 NAME					
STREET ADDRESS		500		1.3 STREE	I ADDRESS				
CHY-ST-7IP	JACKSONVILLE FL		DELETE	1.4 CHY-5 2.1 TITLE	SI-ZIP			☐ Change	Addition
NAME	S SORRELL, VELTA	L	Jucces	2.2 NAME				FT punide	- roution
STREET ADDRESS		500			r address				
CITY-ST-ZIP	JACKSONVILLE FL		DE ETE	2. 4 CITY-	ST-ZIP			——————————————————————————————————————	<del>, , , , , , , , , , , , , , , , , , , </del>
TITLE		L.	] DELETE	3.1 TITLE				☐ Change	Addition
NAME STREET ADDRESS				3.2 NAME	T ADDRESS				
CITY-ST-ZIP				3.4. CITY -					
TITLE			DELETE	4.1 TITLE				☐ Change	Addition
NAME				4. 2 NAME					
STREET ADURESS	5				T ADDRESS				
COLY-ST ZIP			DELETE	4.4 CITY -: 5.1 TITLE	SI-ZIP		<del></del>	☐ Change	Addition
TITLE NAME		<b>↓</b>	JULLUL	5.2 NAME				∟ cuange	radition
STREET ADORESS					I ADDRESS	-	•		
COTY-ST-ZIP				5.4 CITY-1					
TITLE			DELETE	61 TITLE	:			☐ Change	Addition

CHY-SI-ZIP

14. If do 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.

6.3 STREET ADDRESS

6.2 NAME

SIGNATURE

MAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

I'm Ringel

1-14-97 (904) 346-5512