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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

J39672

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DOCUMENT #

MIDGE EMERY, INC.

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City & State    27	10. Name and Address of New Ross (P.O. Box Number is Not Acceptable so	\$8.75 Fee \$5.0 Adde intangible tax under s No Registered Agent  PL 85 Z rpose of changing its cointment as registered	p Code registered off d agent. I am
Suite, Apt. #, etc.  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  Zip  City & State  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  Zip  City & State  Zip  Country  Zip  Suite, Apt. #, etc.  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  Zip  Country  Zip  Country  Zip  Zip  Suite, Apt. #, etc.  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for in Florida Statutes  10. Name and Address of New Ross  (P.O. Box Number is Not Acceptable  tion submits this statement for the pure of directors. I hereby accept the appointmental of the persisting.)	\$8.75 Fee  \$5.0 Adde intangible tax under s No teglistered Agent  FL 85 Z rpose of changing its iointment as registered  DATE FICERS AND DIRECTO	Additional Required  May Be d to Fees 199.032,  p Code registered off d agent. I am
City 8 State  Zip  Country  Zip  Signature  9. Name and Address of Current Registered Agent  81 Name  EMERY, MARGARET A. 659 DARCEY DR  WINTER PARK FL 32792  83 Street Address  84 City  Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SNATURE  Signature of provisions of Sections 607.0508 Plorida Statutes.  WYSIE Registered Agent signature requirements  OFFICERS AND DIRECTORS  DP  EMERY, MARGARET A.  659 DARCEY DR  WINTER PARK FL  12 NAME  1.3 STREET ADDRESS  Y-SI-ZIP  FIGURE 15.	6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for in Florida Statutes  10. Name and Address of New Ross (P.O. Box Number is Not Acceptable)  See (P.O. Box Number is Not Acceptable)  tion submits this statement for the pure of directors. I hereby accept the appointment of the presentating.	\$5.0 Adde intangible tax under s No Registered Agent No Registered Agent No	O May Be d to Fees 199.032, p Code registered off d agent. I am
City & State  Zip  Country  Zip  Remark Margaret A.  659 Darcey Dr  Winter Park FL 32792  Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation registered agent, or both, in the State of Florida Such change was authorized by the corporation's board familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  NATURE  DP  EMERY, MARGARET A.  659 DARCEY DR  OFFICERS AND DIRECTORS  DP  EMERY, MARGARET A.  659 DARCEY DR  UNITER PARK FL  13 STREET ADDRESS  14 CITY-ST-ZIP  FLORITIES  14 CITY-ST-ZIP	Trust Fund Contribution  8. This corporation has liability for in Florida Statutes  10. Name and Address of New Ross (P.O. Box Number is Not Acceptable tion submits this statement for the pure of directors. I hereby accept the appointmental of the resistant.	Adde intangible tax under s No Registered Agent  PL 85 Z rpose of changing its contract as registered  DATE FICERS AND DIRECTO	p Code registered off d agent. I am
9. Name and Address of Current Registered Agent  81 Name  EMERY, MARGARET A. 659 DARCEY DR WINTER PARK FL 32792  83 B4 City  Fursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation registered agent, or both, in the State of Florida Such change was authorized by the corporation's board familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  NATURE  Signore, type a crypical condition of registered agent and the diagons size.  OFFICERS AND DIRECTORS  13.  DP  EMERY, MARGARET A. 12 NAME 13 STREET ADDRESS 41 ACDRESS 659 DARCEY DR 13 STREET ADDRESS 14 CITY-ST-ZIP	Florida Statutes  10. Name and Address of New Ross (P.O. Box Number is Not Acceptable so (P.O. Box Number is Not Acceptable tion submits this statement for the pure of directors. I hereby accept the appointmental of the presisting of the presisting of the statement for the pure of	PL 85 Z rpose of changing its contract as registered	p Code registered off d agent. I am DRS IN 12
EMERY, MARGARET A.  659 DARCEY DR  WINTER PARK FL 32792  B3  B4 City  Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation registered agent, or both, in the State of Florida Such change was authorized by the corporation's board familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  NATURE  Significant types of present one of right free tagent and ble if acceptable.  OFFICERS AND DIRECTORS  DP  EMERY, MARGARET A.  12 NAME  1.3 STREET ADDRESS  -S1-7/IP  WINTER PARK FL  DOLLIF  1.4 CITY-S1-7/IP	ss (P.O. Box Number is Not Acceptables (P.O. Box Number is Not Acceptables (P.O. Box Number is Not Acceptable to Submits this statement for the pure of the directors. I hereby accept the appointmental of directors.	rpose of changing its contract as registered DATE	registered off dagent. I am
## City  Prursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation registered agent, or both, in the State of Florida Such change was authorized by the corporation's board familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  NATURE    Signature of provisions of Rection 607.0506, Florida Statutes   INCIE Registered Agent signature requires	tion submits this statement for the pur of directors. I hereby accept the appo	rpose of changing its cointment as registered DATE	registered off dagent. I am
## City  Plursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation registered agent, or both, in the State of Florida Such change was authorized by the corporation's board familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  NATURE    Sign conclusions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation registered agent, or both, in the State of Florida Such change was authorized by the corporation's board familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  NATURE    Sign conclusions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is board familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    NATURE	tion submits this statement for the pur of directors. I hereby accept the appo	rpose of changing its cointment as registered DATE	registered off dagent. I am
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Fursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporat or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  INATURE  OFFICERS AND DIRECTORS  13.  PMERRY, MARGARET A.  12 NAME.  13 STREET ADRESS  (S1-7)P  WINTER PARK FL  DOCATE  DOCATE  14 CITY-ST-2IP	when renalating)	rpose of changing its continent as registered DATE	DRS IN 12
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EMERY, MARGARET A.   12 NAME     14 ADDRESS     659 DARCEY DR     1.3 STREET ADDRESS     1.4 CITY-ST-ZIP       1.4 CITY-ST-ZIP			
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F DOLLIE			
		☐ Change	Addition
2? NAME			
EL ADDRESS 23 STREET ADDRESS			
-ST-7IP 24 CITY-ST-7IP		Change	Addition
DELETE 3 1 TIFLE 3 2 NAME			
D. G. CADELL ADDRESS			
EL ADDRESS 3.3 STREET ADDRESS ST-ZIP 3.4 CITY-ST-ZIP			
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4.2 NAME			
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/ ST-ZIP		Change	Additio
COMMIS		_ ,	_
6.2 NAME ELIADORESS 6.3 STREET ADDRESS			
ELLADORESS  INSTITUTE  64 CITY-SI-ZIP			

cerury that the information inclicated on this arinual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING AFFICER OR DIRECTOR

3-11-96 407-647-8875