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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Corporation	MENT # J39672 EMERY, INC.	(7)			
Principal Place of Business 859 DARCEY DR		Mailing Address 659 DARCEY DR 437 DUNDLANE DRIVE ONLY T WINTER PARK FL 32792 US			
				DO NOT WRITE IN THIS 3. Date incorporated or Qualified 10/24/1986	SPACE
2. Principal Pl	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-2731532	Not Applicable
Suite Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 <u>レンソ し</u> City & State	PARCEY DRIVE	· · · · · · · · · · · · · · · · · · ·	ey Dr.		Fee Required
23 WIN 1	TER PARK FL	City & State 28 WINTERSAN		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 327	92 25 OCANGE		Country 10 Olawa E		Yes No_
	g. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	Agent
	ERY, MARGARET A.		oi name		
659 DARCEY DR			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
WINTER PARK FL 32792			83		
			84 City	FL	85 Zip Code
11. Pursuant t office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligations.	orporation submits this statement for the purpose or ation's board of directors. I hereby accept the app	f changing its registered pointment as registered		
SIGNATURE					
	Signature, typed or printed name of registered agent		Registered Agent signature req		
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition
NAME	EMERY, MARGARET A.		1.2 NAME		C ontaings C recontion
STREET ADDRESS	659 DARCEY DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		1.4 CiTY-ST-ZIP		
TITLE		☐ DELE TE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	est est	
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ļ
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	_		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		J
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

CICNATURE.

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I. A 11 1600

407-142-0075

FILED

Feb 18 1998 8:00am

Secretary of State