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FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT						
COR	PORATION		FLORIDA DEPART Sandra B.			
ANNUAL REPORT 1996			Secretary of State DIVISION OF CORPORATIONS			
		177440				
DOCUN 1. Corporation	ΛΈΝΙ# • Name	J77440	(2)			
EMBAS	SSY PROPERTIE	ES, INC.			1 1054116 2111 15561 10611 81811 81811 8181 8181 8181 8181	ANI ANŠII IEGI
Principal Place of Business  540 S. MAITLAND AVE. SUITE 107 B MAITLAND FL 32751			Mailing Address  3740 QUANDO CIR.			
		SUITE 107 B ORLANDO FL 32812				
			US		3. Date incorporated or Qualified 3a. Date of Last Report 06/12/1987 04/26/1995	
2. Principal Pla		baos	2a. Mailing Address 26		4. FEI Number Appl	lied For
Suite, Apt. #		COAG	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Ad	
City & State			City & State		Fee Req  6. Election Campaign Financing \$5.00 M	·
23 Wint	er Park	<u>, FL</u>	<b>28</b> Zip	Country	Trust Fund Contribution	Fees
24 أ <u>3</u>	39 25		29 3	30	8. This corporation has liability for intangible tax under s 195 Florida Statutes  Yes  No	9.032,
	9. Name and Addr	ess of Current R	egistered Agent	81 Name	10. Name and Address of New Registered Agent	
KERANEN, NICOLA J. 82 Street Add					ddress (P.O. Box Number is Not Acceptable)	
540 S. MAITLAND AVE.  SUITE 107B  83  83						
MAITLA	ND FL 32751			84 City/	Diviter Park FL 85 Zp Co	× 59
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.						
familiar with, and accept the obligations of Socion 607.0505, Florida Statutes.  SIGNATURE / 1.040 ), Desawer  4/1/96						
12.	Signature, typed or printed nam	e of regularion agent and OFFICERS AND D		Registered Agent signature r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
TiTLE	DPS	ZI ANCOLA I	DELETE	1. 1 TITLE	<b>SA</b> Change □	Addition
NAME STREET ADDRESS	KERANEN, NICI 540 S. MAITLAI			1.2 NAME 1.3 STREET ADDRESS	1414 GAY ROAD	
CITY-ST-ZIP	MAITLAND FL		[] DELETE	1.4 CHY-SI-ZIP	WINTER PARK, FL 32789	Addition
NAME			[_] perere	2 1 TITLE 22 NAME	Change	Addition
STREET ADDRESS				2 3 STHEET AODRESS		
CITY - ST - ZIP TITLE		<del></del>	☐ DELETÉ	24 CITY-ST-ZIP 3 1 TITLE	☐ Change ☐	Addition
NAME				3.2 NAME	_ , _	_
STREET ADDRESS				33 STREET ADDRESS		
CITY - ST - ZIP TITLE			DELETE	3.4 CITY-ST-ZIP 4.1 TITLE	Change C	Addition
NAME			<del>_</del>	4.2 NAME		_
STREET ADDRESS				. 43 STREET ADDRESS		
CITY-SI-ZIP TITLE			DELETE	4.4 CITY - S1 - ZIP 5.1 TITLE	Change C	Addition
NAME			Писси	5 2 NAME	Contribution [	J Addition
STREET ADDRESS				5.3 STREET ADDRESS		
CITY · ST · ZIP	<del></del>		- Driete	5 4 CITY - ST - ZIP		7.448833
TITLE NAME			☐ DELETE	6 1 TIFLE 6 2 NAME	☐ Change ☐	] Addition
STREET ADDRESS				6.3 STREET ADDRESS		
CITY-ST-ZIP			ra par la como en el marco de para para para para para para para par	6.4 CITY-ST-ZIP	y v promot remove at the particle appropriate and a second	
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 ceth; that I am an officer or director of the corporation or the receiver or trusted 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED VAME OF SIGNING OFFICER OR DIRECTOR  4/1/96 644-7707  Control Priorie Priorie II						