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	ROFIT	FLO	DRIDA DEPARTME	INT OF S	STATE					
CORP	Sandra B. Mo	ortham								
ANNUAL REPORT Secretary of										
1996 DIVISION OF CORPORATIONS										
DOCLIN	MENT # M2	1000	2							
DOCUM  1. Corporation 1	Name # \\									
•	EM CORP									
DAL	EM CORP									
F	- I Decision									
Principal Place of										
	I STRATFORD PL	CIR	1.0. B	LE	N.C	İ				
FT. MYERS FLA. 2864					245	3. Date Incorporated or	Qualif ed	3a. Date of	Last Rep	port
	0.00	40-0	015	04/24/198	6	04/3	0/9	5		
2. Principal Plan		2a. Mailing A	Address			4. FEI Number				pplied For
21		26				59-2665	764		<del>. lL</del> -	ot Applicable
Suite, Apt. #.	, etc.	Suite, Ap	pt. #, etc.			5. Certificate of Status	Desired		•	Additional equired
City & State		City & S	tate			6. Election Campaign F	inancirig	<u></u>	\$5.00	May Be
23		28	<del></del> · · · · · · · · · · · · · · · · ·			Trust Fund Contribut		ala celle la tax e		to Fees
Zφ	Country 25	Zip 29	30	Country		This corporation has     Florida Statutes	liability for ≀		inder s	199.032
24	9. Name and Address of Curre			<b>'</b>		10. Name and Address	s of New R	egistered Ag	ent	
	<u> </u>			81	Name					
CLY.	MER DALE W	4 4 4		82	Street A	ddress (P.O. Box Number is No	ot Acceptab	le)		
1351	MER, DALE W I STRATFORD P	Z. CIP.		00						<del></del>
				83						
FORT	HYERS, FLA: 3	3919		84	City			FI	<b>85</b> Zip	Code
		00 and 607 1509 5	lorida Statutes, th	e above-r	named co	rporation submits this statemen	t for the pur	pose of chang	ing its re	egistered office
or registere	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo h, and accept the obligations of, Se	rida. Such change	was authorized by	the carp	oration's	poard of directors. I hereby acc	ept the appo	ointment as re	gistered	agent. i am
SIGNATURE _										
	Signature, typed or printed name of registered ago		(NOTE: He		nt signahire n	quired when reinstating) ADDITIONS/CHANG	ES TO OFF	DATE ICERS AND D	IBECTOR	RS IN 12
12.	r	ND DIRECTORS	DELETE.	13.					Change	Addition
NAME	MYMER LUDA	ICK H.	4	1.2 NAME		CLYMER LUDU III RIDGE DK.	pick /	ч.		
NAME STREET ADDRESS CITY-SI-7AP  TITLE  NAME STREET ADDRESS CITY-SI-7AP  TO CLYMER LODWICK M. CIR.  TO T			<u>Z</u> ,	1.3 \$TREET	1 ADORESS	III RIDGE DE.	28	1.41.		
CITY+ST-76P	FORT MYERS, 1	-LA. 339	79	1.4 CITY - 9	ST · ZIP	L'AVILLE, MY	DEE	<i>₩</i> - <i>₩</i>	/	
TITLE	OTA	Œ	DELETE.	2 1 THILE	ļ	PTO MED NA	is W	. <b>U</b>	Change	Addition
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STHEET ADDRESS					T ACORESS			4/0	(7,	$\dot{\Lambda}$
City+S1-ZIP				64 CITY-	ST-ZIP	alify for the execution stated in	Section 110	1 07/31/k) Flori	da Statut	es I further

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:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 704-898-6630

CR2E034 (12/95)