

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 30 1998 8:00am³
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT #.N97000005352 (6)
 1. Corporation Name
EMISSARY INCORPORATED



Principal Place of Business: 475 W BROADWAY, SUITE 2 OVIEDO FL 32765
 Mailing Address: 475 W BROADWAY, SUITE 2 OVIEDO FL 32765

3. Date Incorporated or Qualified: 09/19/1997
 4. FEI Number: 59-3519564
 Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association?
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
 21. 253 PLAZA DR
 Suite, Apt. #, etc.: Suite B
 City & State: Oviedo, FL
 Zip: 32765
 Country: Seminole

2a. Mailing Address
 26. 253 PLAZA DR
 Suite, Apt. #, etc.: Suite B
 City & State: Oviedo, FL
 Zip: 32765
 Country: Seminole

9. Name and Address of Current Registered Agent
 KIFI, JEFFREY
 475 W BROADWAY, SUITE 2
 OVIEDO FL 32765

10. Name and Address of New Registered Agent
 81 Name: Kipi Jeffery Esq.
 82 Street Address (P.O. Box Number Is Not Acceptable): 253 PLAZA DR
 83 Suite B
 84 City: Oviedo, FL
 85 Zip Code: 32765

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
 SIGNATURE: *Jeffery T. Kipi* DATE: 1 July 98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHADWELL, JAMES	
STREET ADDRESS	9116 KENTON RD	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544-2209	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLEIN, THOMAS A	
STREET ADDRESS	409 EL DESTINADO DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312-1629	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MIKLER, WILLIAM P	
STREET ADDRESS	431 KENTWOOD CT	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WREN, DANE	
STREET ADDRESS	398 AMETHYST CT	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZAHRA, ROBOT SR	
STREET ADDRESS	733 RIVERBEND BLVD	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	700002653967
5.3 STREET ADDRESS	-10/02/98--01008--041
5.4 CITY-ST-ZIP	***70.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
 SIGNATURE: *W. Mikler* Date: 7/23/98 Daytime Phone #: 321-7817

CR2E037 (5/98)