


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 13, 1999 8:00 am
Secretary of State

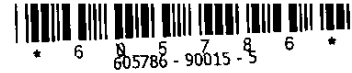
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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N97000005352

1. Corporation Name
EMISSARY INCORPORATED

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| Principal Place of Business 253 PLAZA DR. SUITE B OVIEDO FL 32765 | Mailing Address 253 PLAZA DR. SUITE B OVIEDO FL 32765 |
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|---|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country | 3. Date Incorporated or Qualified 09/19/1997 | 4. FEI Number 59-3519564 Applied For Not Applicable |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |

9. Name and Address of Current Registered Agent
KIPI, JEFFREY ESQ
253 PLAZA DR.
SUITE B
OVIEDO FL 32765

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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 *Jeffrey T. Kipi* DATE 12 July 99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|--|--|
| TITLE D <input type="checkbox"/> DELETE | NAME CHADWELL, JAMES | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 9116 KENTON RD | CITY-ST-ZIP WESLEY CHAPEL FL 33544-2209 | 1.2 NAME | |
| TITLE D <input type="checkbox"/> DELETE | NAME KLEIN, THOMAS A | 1.3 STREET ADDRESS | |
| STREET ADDRESS 409 EL DESTINADO DR | CITY-ST-ZIP TALLAHASSEE FL 32312-1629 | 1.4 CITY-ST-ZIP | |
| TITLE D <input type="checkbox"/> DELETE | NAME MIKLER, WILLIAM P | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 431 KENTWOOD CT | CITY-ST-ZIP SANFORD FL 32771 | 2.2 NAME | |
| TITLE D <input type="checkbox"/> DELETE | NAME WREN, DANE | 2.3 STREET ADDRESS | |
| STREET ADDRESS 398 AMETHYST CT | CITY-ST-ZIP LAKE MARY FL 32746 | 2.4 CITY-ST-ZIP | |
| TITLE D <input type="checkbox"/> DELETE | NAME ZAHRA, ROBOT SR | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 733 RIVERBEND BLVD | CITY-ST-ZIP LONGWOOD FL 32779 | 3.2 NAME | |
| TITLE D <input type="checkbox"/> DELETE | NAME | 3.3 STREET ADDRESS | |
| STREET ADDRESS | CITY-ST-ZIP | 3.4 CITY-ST-ZIP | |
| TITLE D <input type="checkbox"/> DELETE | NAME | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | CITY-ST-ZIP | 4.2 NAME | |
| TITLE D <input type="checkbox"/> DELETE | NAME | 4.3 STREET ADDRESS | |
| STREET ADDRESS | CITY-ST-ZIP | 4.4 CITY-ST-ZIP | |
| TITLE D <input type="checkbox"/> DELETE | NAME | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | CITY-ST-ZIP | 5.2 NAME | |
| TITLE D <input type="checkbox"/> DELETE | NAME | 5.3 STREET ADDRESS | |
| STREET ADDRESS | CITY-ST-ZIP | 5.4 CITY-ST-ZIP | |
| TITLE D <input type="checkbox"/> DELETE | NAME | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | CITY-ST-ZIP | 6.2 NAME | |
| TITLE D <input type="checkbox"/> DELETE | NAME | 6.3 STREET ADDRESS | |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W. Chadwell James*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0001102

CR2E037 (5/99)