

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P14937 (7)**
1. Corporation Name
EMA SERVICES OF MINNESOTA, INC.



Principal Place of Business: **1970 OAKCREST AVENUE ROSEVILLE MN 55113**
Mailing Address: **1970 OAKCREST AVENUE ROSEVILLE MN 55113**

2. Principal Place of Business		2a. Mailing Address	
21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified 06/23/1987	3a. Date of Last Report 02/07/1995
4. FEE Number 41-1467091	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PASS TENSELY
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent		81	Name
WEHMEYER, MARK G 863 SHRIVER CIR LAKE MARY FL 32746		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

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.

SIGNATURE: **NA**
Signature typed or printed name of registered agent and the corporation. (If not applicable, check box.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHES, GEORGE A	1.2 NAME	
STREET ADDRESS	2804 IRVING AVE SOUTH	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MINNEAPOLIS MN	1.4 CITY-STATE-ZIP	
TITLE	VST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODEKE, RANDALL G.	2.2 NAME	
STREET ADDRESS	41 W. GOLDEN LAKE ROAD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	CIRCLE PINES MN	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, ALAN W	3.2 NAME	
STREET ADDRESS	4750 MANITOU RD	3.3 STREET ADDRESS	
CITY-STATE-ZIP	TONKA BAY MN	3.4 CITY-STATE-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEHMEYER, MARK	4.2 NAME	
STREET ADDRESS	863 SHRIVER CIR	4.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKE MARY FL	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x3-29-96

CR2E034 (12/95)