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Mar 10 1997 8:00am
Secretary of State



PROFIT CORPORATION
 ANNUAL REPORT
1997

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

DOCUMENT # P27085 (0)
 1. Corporation Name
EMO-TRANS, INC.



Principal Place of Business
**135 GUY LOMBARDO AVE
 FREEPORT NY 11520**

Mailing Address
**135 GUY LOMBARDO AVE
 FREEPORT NY 11520-4457**

3. Date Incorporated or Qualified **11/30/1989** 3a. Date of Last Report **07/11/1996**

21	2. Principal Place of Business	2a.	Mailing Address	4.	FEI Number 11-2280777	Applied For	
	Suite, Apt #, etc.		Suite, Apt #, etc.			Not Applicable	
22	22. City & State	27	27. City & State	5.	Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75	Additional Fee Required
23	23. Zip	28	28. Zip	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00	May Be Added to Fees
24	24. Country	29	29. Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	FRIGGER, J. H.	1.2 NAME	
STREET ADDRESS	135 GUY LOMBARDO AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FREEPORT NY	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYES, PAUL G.	2.2 NAME	
STREET ADDRESS	135 GUY LOMBARDO AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FREEPORT NY	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAINGER, EDMUND C., JR.	3.2 NAME	
STREET ADDRESS	100 E 42ND ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIGGER, KARIN G.	4.2 NAME	
STREET ADDRESS	135 GUY LOMBARDO AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FREEPORT NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLTMAN, ECKART	5.2 NAME	
STREET ADDRESS	135 GUY LOMBARDO AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FREEPORT NY	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if manager or on an attachment with an address.

SIGNATURE: *[Signature]* **PAUL BAYES** UP **2/21/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)