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Apr 22 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 # P39862 (8)

1. Corporation Name
EMJ CONSTRUCTION CONSULTANTS, INC.

Principal Place of Business
300 GARDEN CITY PLAZA, SUITE 400
GARDEN CITY NY 11530

Mailing Address
300 GARDEN CITY PLAZA, SUITE 400
GARDEN CITY NY 11530-3332



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/30/1992	3a. Date of Last Report 04/22/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 51-0319108	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

10. Name and Address of New Registered Agent

81	Name
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 _____ (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	
NAME	MALONE, JOHN J., JR.	1.2 NAME	
STREET ADDRESS	33 MAXWELL COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	HUNTINGTON NY	1.4 CITY - ST - ZIP	
TITLE	VTD	2.1 TITLE	
NAME	SPATNY, ROBERT C.	2.2 NAME	
STREET ADDRESS	15 BOBS LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SETUAKET NY	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	
NAME	WHITEHEAD, DAVID P.	3.2 NAME	
STREET ADDRESS	20 ELISON LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	BAYVILLE NY	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	
NAME	CASSIN, MICHAEL J	4.2 NAME	
STREET ADDRESS	3160 COVERPLAGE DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOR FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 changed, or on an attachment with an address.

SIGNATURE:

ROBERT C. SPATNY

4/17/97 516 747-1911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0006778

CR2E034 (9/96)