

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 22 1997 8:00am  
Secretary of State

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| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
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DOCUMENT # P93000020923 (7)

1. Corporation Name  
E. M. PROPERTIES, INC.

|   |   |
|---|---|
| Principal Place of Business<br>204 SOUTH MAIN STREET<br>HAVANA FL 32333 | Mailing Address<br>P.O. BOX 798<br>HAVANA FL 32333-0798 |
|---|---|



|  |  |  |  |   |  |                                       |  |
|--|--|--|--|---|--|---------------------------------------|--|
| 2. Principal Place of Business<br>21 204 S. Main St<br>22 Suite, Apt. #, etc.                                  |  | 2a. Mailing Address<br>26 P.O. BOX 798<br>27 Suite, Apt. #, etc. |  | 3. Date Incorporated or Qualified<br>03/16/1993   |  | 3a. Date of Last Report<br>09/16/1996 |  |
| 23 Havana FL<br>24 32333   |  | 28 Havana FL<br>29 32333   |  | 4. FEI Number<br>59-3172490   |  | Applied For<br>Not Applicable         |  |
| 25 USA   |  | 30 USA   |  | 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 |  |                                       |  |
| 9. Name and Address of Current Registered Agent<br>MORGAN, JAMES C<br>204 SOUTH MAIN STREET<br>HAVANA FL 32333 |  |  |  | 10. Name and Address of New Registered Agent  |  |                                       |  |
|  |  |  |  | 81 Name Edwin M. Morgan   |  |                                       |  |
|  |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br>204 S. Main St   |  |                                       |  |
|  |  |  |  | 83  |  |                                       |  |
|  |  |  |  | 84 City Havana FL 85 Zip Code 32333   |  |                                       |  |

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 *Edwin M. Morgan* (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS                     |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PVD<br>MORGAN, JAMES C<br>% 204 SOUTH MAIN STREET<br>HAVANA FL 32333 <input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | President<br>Edwin M. Morgan<br>204 S. Main St<br>Havana, FL 32333 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>MORGAN, EDWIN M<br>% 204 SOUTH MAIN STREET<br>HAVANA FL 32333 <input type="checkbox"/> DELETE  | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | Sec.<br>Edwin M. Morgan<br>204 S. Main St<br>Havana, FL 32333 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: *Edwin M. Morgan* 4-10-97 904-539-6161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #