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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000082439 (9) E. & M. INVESTMENTS, INC.					
3400 S. TA SUITE 301 SARASOTA	ce of Business MIAMI TRAIL FE 34239	Mailing Address 3400 S. Tamiami Tra Suite 301 SARASOTA FL 34239	JIL.		
U\$		U\$		 Date Incorporated or Qualified 12/02/1993 	3a. Date of Last Report 05/01/1995
2. Principal F	Place of Business	2a. Mailing Address		4, FEI Number 65-0452460	Applied For Not Applicable
Suite, Apt	. #, etc.	Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Sta	te	City & State	- Marie addis addis a	6. Election Campaign Financing	Fee Required \$5.00 May Be
Zipi	Country		Country	Trust Fund Contribution 8. This corporation has liability for	r intangible tax under s 199.032,
24	25 9. Name and Address of Curre	ent Registered Agent	30	Florida Statutes Ye 10. Name and Address of New	s No
		- Hogiololog rigoti	81 Name	IO. Name and Address of New	registered Agent
	SOTA FL 34239		83 84 City		FL 85 Zip Code
fardılar w	to the provisions of Sections 607.05t ned agent, or both, in the State of Flo vith, and accept the obligations of, Se	02 and 607.1508, Florida Statut orida. Such change was authoriz ction 607.0505, Florida Statutes	es, the above-named corpo ed by the corporation's boa	oration submits this statement for the p ord of directors. I hereby accept the ap	room of changing its registered office
farcular w	red agent, or both, in the State of Fic vith, and accept the obligations of, Se Signative, types or printed came of registered age	orica. Such change was authorizaction 607.0505, Florida Statutes	ed by the corporation's boa). DIE Registered Agent signature require	ard of directors. I hereby accept the ap	urpose of changing its registered office pointment as registered agent. I am
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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 early 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 changes in on an appears on an appear on an appear.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DUNG 3/4/96