

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Martin Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000029783 (5)**

1. Corporation Name

EMPLOYEE MANAGEMENT CONSULTANTS, INC.

Principal Place of Business

550 FAIRWAY DR.
SUITE 105B
DEERFIELD BEACH FL 33441
US

Mailing Address

550 FAIRWAY DR.
SUITE 105B
DEERFIELD BEACH FL 33441
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22. City & State

23

City & State

27

Zip

24

Country

25

Zip

28

Country

30

9. Name and Address of Current Registered Agent

**HUCKS, RANDOLPH E
550 FAIRWAY DRIVE
105B
DEERFIELD BEACH FL 33441**

61. Name

62. Street Address (P.O. Box Number is Not Acceptable)

63.

64. City

FL 65. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POEO	<input type="checkbox"/> DELETE	1.1. <input type="checkbox"/> NAME 1.2. <input type="checkbox"/> ADDRESS 1.3. <input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	HUCKS, RANDOLPH E	<input type="checkbox"/> DELETE	2.1. <input type="checkbox"/> NAME 2.2. <input type="checkbox"/> ADDRESS 2.3. <input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	550 FAIRWAY DRIVE, SUITE 105B	<input type="checkbox"/> DELETE	3.1. <input type="checkbox"/> NAME 3.2. <input type="checkbox"/> ADDRESS 3.3. <input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DEERFIELD BEACH FL	<input type="checkbox"/> DELETE	4.1. <input type="checkbox"/> NAME 4.2. <input type="checkbox"/> ADDRESS 4.3. <input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input type="checkbox"/> DELETE	5.1. <input type="checkbox"/> NAME 5.2. <input type="checkbox"/> ADDRESS 5.3. <input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MACEACHRON, JOHN M	<input type="checkbox"/> DELETE	6.1. <input type="checkbox"/> NAME 6.2. <input type="checkbox"/> ADDRESS 6.3. <input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	550 FAIRWAY DRIVE, SUITE 105B	<input type="checkbox"/> DELETE	7.1. <input type="checkbox"/> NAME 7.2. <input type="checkbox"/> ADDRESS 7.3. <input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DEERFIELD BEACH FL	<input type="checkbox"/> DELETE	8.1. <input type="checkbox"/> NAME 8.2. <input type="checkbox"/> ADDRESS 8.3. <input type="checkbox"/> 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.

CR2E034 (4/97)

8/21/97 954-428-3862