SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

P94000056155 (2)

Mailing Address

E.M. BRANDON, INC.

338 TALL PINES ROAD WEST PALM BEACH FL 33413 US			338 TALL PINES ROAD WEST PALM BEACH FL 33413 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
						07/28/1994	
2. Principal P	lace of Business	2a. Mailing Ad	2a. Mailing Address			4. FEI Number	Applied For
21		26				65-0506979	Not Applicable
Suite, Apt.	#, etc.	F1	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	28			Trust Fund Contribution	Added to Fees
Zip	The state of the s		Country		8. This corporation owes or has paid the c		
24	25	29		30		Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
METTLER, PETER W ESQ					81 Name		
140 ROYAL PALM WAY, #202							
PALM BEACH FL 33480				82	Street Add	Iress (P.O. Box Number is Not Acceptable)	. 1
				83		_	
				84	City	F	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.	(NO	TE: Registered A	jent signature rec	quired when reinstating) DATE	
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	DPST		DELETE.	1.1 TITLE			Change Addition
NAME	Brandon, Ester M			1.2 NAME			
STREET ADDRESS 338 TALL PINES ROAD				1.3 STREET	ADDRESS		
CITY-ST-ZIP WEST PALM BEACH FL				1.4 CITY-ST	ZIP		
TITLE			DELETE	2.1 TITLE			Change Addition
NAME				2.2 NAME			-
STREET ADDRESS				2.3 STREET	ADDRESS		,
CITY-ST-ZIP				2.4 CITY-ST	.7IP		,
TITLE			DELETE	3.1 TITLE	- "		Change Addition
NAME		L.J	PELLIL	3.2 NAME			Orange AudidOff
STREET ADDRESS				3.3 STREET	ADDRESS		
CITY-ST-ZIP				3.4 City-ST			
TITLE			DELETE	4.1 TITLE	zir		Change Addition
NAME			DELETE	4.2 NAME			Change Modelou
ł I					ADDRESS		
STREET ADDRESS				4.3 STREET			
CITY-ST-ZIP				4.4 CITY-ST-	ZIP		
TITLE			DELETE	5.1 TITLE			Change Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET			
CITY-ST-ZIP				5.4 CITY-ST	ZIP		
TITLE			DELETE	6.1 TITLE			Change Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET	ADDRESS		
CITY-ST-7IP				RACITY ST	710		

14. I 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 ennual 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.

2 - MANAGEN DE MARILLE

Secretary of State

FILED

Aug 19 1998 8:00am

2E034 (5/98)