

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

FILED

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 # **P96000062201 (4)**

1. Corporation Name
EXPORT MANAGEMENT SYSTEMS, INC.



Principal Place of Business 865 GOLFAIR BLVD JACKSONVILLE FL 32209	Mailing Address 865 GOLFAIR BLVD JACKSONVILLE FL 32209-4488
--	---

3. Date Incorporated or Qualified 07/23/1996	3a. Date of Last Report
--	-------------------------

2. Principal Place of Business 21 865 Golfair Blvd Suite, Apt. #, etc.	2a. Mailing Address 26 865 Golfair Blvd Suite, Apt. #, etc.	4. FEI Number 59-3404224	Applied For Not Applicable
22 City & State JACKSONVILLE FL.	27 City & State JACKSONVILLE FL.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 32209	28 Country Duval	29 Zip 32209	30 Country Duval
9. Name and Address of Current Registered Agent KIM, YOUNG C 865 GOLFAIR BLVD JACKSONVILLE FL 32209		10. Name and Address of New Registered Agent	
81 Name KIM, YOUNG C.		82 Street Address (P.O. Box Number is Not Acceptable) 865 Golfair BLVD	
83		84 City JACKSONVILLE	
85 Zip Code 32209		86	

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 **YOUNG C. Kim** (NOTE: Registered Agent signature required when rotating) DATE **4-16-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	1.2 NAME	
STREET ADDRESS	SOON W. CHANG	1.3 STREET ADDRESS	
CITY-ST-ZIP	12676 MUIRFIELD BLVD N. JAX FL 32225	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary	2.2 NAME	
STREET ADDRESS	YOUNG C. Kim	2.3 STREET ADDRESS	
CITY-ST-ZIP	6100 ARLINGTON CY, P803, JAX FL 32211	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President	3.2 NAME	
STREET ADDRESS	SOON W. CHANG	3.3 STREET ADDRESS	
CITY-ST-ZIP	9136 HECKSCHER DR. JAX FL 32206	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer	4.2 NAME	
STREET ADDRESS	ARON B. DILLON	4.3 STREET ADDRESS	
CITY-ST-ZIP	RT 2, BOX 840 FALSTON, GA 31537	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **YOUNG C. Kim** Secretary **4-16-97** 904 768-0430
 (NOTE: Registered Agent signature required when rotating) DATE Daytime Phone #

CR2E034 (9/96)