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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000079171 (0)

1. Corporation Name
EMIT WORLDWIDE CORPORATION

Principal Place of Business
**POST OFFICE BOX 21364
FORT LAUDERDALE FL 33335**

Mailing Address
**POST OFFICE BOX 21364
FORT LAUDERDALE FL 33335-1364**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 6301 NW 5th WAY		26 6301 NW 5th WAY		09/24/1996	N/A
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 SUITE 1400		27 SUITE 1400		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
23 FORT LAUDERDALE, FL		28 FORT LAUDERDALE, FL		Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33309	25	29 33309	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RICHARDS, GRANT 1003 SOUTH EAST 17TH STREET #200 FORT LAUDERDALE FL 33318				RICHARDS, GRANT 6301 NW 5th WAY SUITE 1400 FORT LAUDERDALE FL 33309			

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, in 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]* DATE: **APRIL 29 1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	C. ELLIS VAUGHN
NAME	RICHARDS, GRANT	1.2 NAME	6301 NW 5th WAY SUITE 1400
STREET ADDRESS	POST OFFICE BOX 21364 NA	1.3 STREET ADDRESS	FORT LAUDERDALE FL 33309
CITY - ST - ZIP	FORT LAUDERDALE FL 33335	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	MILLER, DONALD P	2.2 NAME	
STREET ADDRESS	235 CHARITY COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33412	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	HEATH, WILLIAM P III	3.2 NAME	
STREET ADDRESS	511 BAYSHORE DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL 33318	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E034 (9/96)