


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

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000079171 ✓					
1. Corporation Name EMIT WORLDWIDE CORPORATION ✓					
Principal Place of Business EMIT Worldwide Corporation 6301 NW 5th Way Suite 1400 Ft. Lauderdale FL 33309 US			Mailing Address EMIT Worldwide Corporation 6301 NW 5th Way Suite 1400 Ft. Lauderdale FL 33309 US		

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2. Principal Place of Business		2a. Mailing Address		4. FEI Number 9124196 65-0788800 ✓		Applied For <input checked="" type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		2a. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		6. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country		30 Country			
9. Name and Address of Current Registered Agent RICHARDS, GRANT 6301 NW 5th Way Suite 1400 FT. LAUDERDALE, FL 33309				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 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			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE D				1.1 TITLE			
NAME RICHARDS, GRANT				1.2 NAME			
STREET ADDRESS POST OFFICE BOX 21364 N/A				1.3 STREET ADDRESS			
CITY-ST-ZIP FT. LAUDERDALE, FL 33335				1.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE D				2.1 TITLE			
NAME VAUGHN, A ELLIS				2.2 NAME			
STREET ADDRESS 6301 NW 5th Way Suite 1400				2.3 STREET ADDRESS			
CITY-ST-ZIP FT. LAUDERDALE, FL 33309				2.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE D				3.1 TITLE			
NAME HEATH, WILLIAM P. III				3.2 NAME			
STREET ADDRESS 311 BAYSHORE DRIVE				3.3 STREET ADDRESS			
CITY-ST-ZIP FT. LAUDERDALE, FL 33316				3.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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 in an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/99

CR2E034 (11/98)