

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

NO. 7
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Jun 05 1997 8:00am
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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # PC96000096105
1. Corporation Name
EMERSON GROVE, INC.

Principal Place of Business Mailing Address

7657 BISCAYNE BLVD
MIAMI, FL 33138

2. Principal Place of Business	2a. Mailing Address
21 <u>SAME</u>	26 <u>SAME</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	25
29	30

3. Date Incorporated or Qualified <u>Nov. 20, 1996</u>	3a. Date of Last Report <u>N/A</u>
4. FEI Number <u>65-0717945</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
A		B1 Name <u>SHEREE A. VINSON</u>	
		B2 Street Address (P.O. Box Number is Not Acceptable) <u>40 William C. Burdette, Esq</u>	
		B3 <u>633 S. ANDREWS AVE, THIRD FL</u>	
		B4 City <u>FT. LAUD</u>	
		B5 Zip Code <u>FL 33</u>	

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 Sherie A. Vinson

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

(NOTE: Registered Agent's signature required when re-stating)

DATE

6/2/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <u>0</u>	NAME <u>JOHN T. VINSON</u>	1.1 TITLE	1.2 NAME
STREET ADDRESS <u>13990 NE 20CT #8</u>	CITY-ST-ZIP <u>MIAMI FL</u>	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	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:

John T. Vinson JOHN T. VINSON 6/2/97 305 9479193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)