

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000097395 (3)
1. Corporation Name
ELM CREEK EMUS INC.

Principal Place of Business
9538 HIGHWAY 441
BOYNTON BEACH FL 33437

Mailing Address
9538 HIGHWAY 441
BOYNTON BEACH FL 33437

97 SEP 19 AM 11: 91

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/25/1996		3a. Date of Last Report	
21 20907 BOWMAN RD		26 20907 BOWMAN RD		4. FEI Number 65-0717645		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State BROOKSVILLE FL		28 City & State BROOKSVILLE FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 34610		25 Country USA		29 Zip 34610		30 Country USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

ROBERTSON, DAVID J
9538 HIGHWAY 441
BOYNTON BEACH FL 33437

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
20907 BOWMAN RAD
83
84 City
BROOKSVILLE FL 85 Zip Code
34610

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P T
STREET ADDRESS		1.3 STREET ADDRESS	DAVID J ROBERTSON
CITY-ST-ZIP		1.4 CITY-ST-ZIP	20907 BOWMAN RD
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V S
NAME		2.2 NAME	ROXANNE M ROBERTSON
STREET ADDRESS		2.3 STREET ADDRESS	20907 BOWMAN RD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BROOKSVILLE FL 34610
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	500002297785--9
STREET ADDRESS		3.3 STREET ADDRESS	-09/19/97--01041--003
CITY-ST-ZIP		3.4 CITY-ST-ZIP	***\$550.00 ***\$550.00
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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:

CR2E034 (4/97)