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

FILED Mar 10 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S72683 (3) EMA ENTERPRISES, INC. Principal Place of Business Mailing Address 115 LOIZOS DR 115 LOIZOS DA FT WALTON BEACH FL 32548 FT WALTON BEACH FL 32548 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/13/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3073294 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MCKIBBON, ERVIN H. 81 Name 115 LOIZOS DR R2 Street Address (P.O. Box Number is Not Acceptable) FT WALTON BEACH FL 32548 ВЗ 84 City Zip Code 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Addition TITLE 1.1 THLE Change MCKIBBON, ERVIN H. 1.2 NAME NAME 115 LOIZOS DR 1.3 STREET ADDRESS STREET ADDRESS FT WALTON BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2171718 MCKIBBON, MARY G. NAME 2.2 NAME 115 LOIZOS DR STREET ADDRESS 2.3 STREET ADDRESS FT WALTON BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE 5.1 TITLE Change Addition 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP

14. Thereby 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

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME Change

Addition

SIGNATURE: 3-3-98

DELETE

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP