

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V51082** (8)
1. Corporation Name
EME YBOR, INC.



Principal Place of Business: **2515 E. HANNA AVENUE TAMPA FL 33610 US**
Mailing Address: **P. O. BOX 9658 TAMPA FL 33674-9658 US**

3. Date Incorporated or Qualified: **07/16/1992**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **59-3166104**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**WILLIAMSON, LEON A JR
2515 E. HANNA AVENUE
TAMPA FL 33610**

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: **FL**

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 of Registered Agent (required) (Print Name) _____ DATE _____
Signature of Registered Agent (required) (Print Name) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: JURADO, JAIME STREET ADDRESS: 2515 E. HANNA AVENUE CITY-STATE-ZIP: TAMPA FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: LOCICERO, ANTHONY STREET ADDRESS: 2515 E. HANNA AVENUE CITY-STATE-ZIP: TAMPA FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: DAVIDSON, JAMES R STREET ADDRESS: 2515 E. HANNA AVENUE CITY-STATE-ZIP: TAMPA FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T	NAME: WALKER, FRANKLIN STREET ADDRESS: 2515 E. HANNA AVENUE CITY-STATE-ZIP: TAMPA FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, the officer 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Franklin Walker/Secretary-Treasurer

2/6/96

(813) 238-5010

CR2E034 (12/95)