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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717319

1. Corporation Name

EMERALD GREEN SECTION ONE, INC.

Principal Place of Business

**3501 KEYSER AVE #6
HOLLYWOOD FL 33021**

Mailing Address

**3501 KEYSER AVE #6
HOLLYWOOD FL 33021**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/08/1969

4. FEI Number

59-1350678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**WALDMAN, LOUIS
3501 KEYSER AVE. #6
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE **D** ☐ DELETE
NAME **BARQUINERO, JOSEPH**
STREET ADDRESS **3501 N KEYSER AVE #10**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **D** ☐ DELETE
NAME **VOYE, NANCY**
STREET ADDRESS **3501 N KEYSER AVE #8**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **PD** ☐ DELETE
NAME **WALDMAN, LOUIS**
STREET ADDRESS **3501 N KEYSER AVENUE #6**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **TD** ☐ DELETE
NAME **WALDMAN, SHIRLEY**
STREET ADDRESS **3501 N KEYSER AVENUE #6**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **D** ☐ DELETE
NAME **SCHLINSKY, HARRIET**
STREET ADDRESS **3501 N KEYSER AVE #7**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **D** ☐ DELETE
NAME **GALLO, ALFRED**
STREET ADDRESS **3501 N KEYSER AVE #5**
CITY-ST-ZIP **HOLLYWOOD FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**VP D
CLARK, WILLIAM
3501 N KEYSER AVE #10**

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

**SD
FARR, GROVER
3501 N KEYSER AVE #4**

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on 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 #

2/11/99
LOUIS H. WALDMAN 966-8344

CR2E037 (11/98)