

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR -8 PM 3: 21

DOCUMENT # 723249 (9)

1. Corporation Name

EMERALD GREEN SECTION FOUR, INC.

Principal Place of Business Mailing Address  
3501 KEYSER AVE. 3501 KEYSER AVE.  
VILLA #37 VILLA #37  
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/24/1972 3a. Date of Last Report 02/15/1994  
4. FEI Number 59-1514402 Applied For Not Applicable

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

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
BENDEL, WILLIAM  
3501 KEYSER AVE. VILLA #62  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<del>RD</del> D
NAME	BENDEL, WILLIAM
STREET ADDRESS	3501 KEYSER AVE. VILLA #62
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	<del>VD</del>
NAME	<del>WYMAN, STRACHAN</del>
STREET ADDRESS	<del>3501 KEYSER AVE. #62</del>
CITY-ST-ZIP	<del>HOLLYWOOD, FL</del>
TITLE	<del>DD</del>
NAME	<del>MEYER, JO ANN</del>
STREET ADDRESS	<del>3501 KEYSER AVE. VILLA #62</del>
CITY-ST-ZIP	<del>HOLLYWOOD, FL</del>
TITLE	<del>TD</del>
NAME	<del>CABRA, MIRIAM</del>
STREET ADDRESS	<del>3501 KEYSER AVE. VILLA #62</del>
CITY-ST-ZIP	<del>HOLLYWOOD, FL</del>
TITLE	<del>TD</del>
NAME	KAPLAN, BURLEIGH
STREET ADDRESS	3501 KEYSER AVE. VILLA #37
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	<del>TD</del>
NAME	PARIS, MILTON
STREET ADDRESS	3501 KEYSER AVE. VILLA #81
CITY-ST-ZIP	HOLLYWOOD FL

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Adrienne Aron	
1.3 STREET ADDRESS	3501 Keyser Ave. #67	
1.4 CITY-ST-ZIP	Hollywood, FL 33021	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert Blanket	
2.3 STREET ADDRESS	3501 Keyser Ave. #55	
2.4 CITY-ST-ZIP	Hollywood, FL 33021	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bernice Miller	
3.3 STREET ADDRESS	3501 Keyser Ave. #54	
3.4 CITY-ST-ZIP	Hollywood, FL 33021	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ellen Krupnick	
4.3 STREET ADDRESS	3501 Keyser Ave. #66	
4.4 CITY-ST-ZIP	Hollywood, FL 33021	
5.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 of this filing, or on an attachment with an address.

SIGNATURE: *Burleigh Kaplan*  
by: Burleigh Kaplan, S/T/D

MAR 1 1995 (305) 966-8484