

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723249 (9)

1. Corporation Name

EMERALD GREEN SECTION FOUR, INC.

Principal Place of Business

Mailing Address

3501 KEYSER AVE.
VILLA 61
HOLLYWOOD FL 33021
US3501 KEYSER AVE.
VILLA 61
HOLLYWOOD FL 33021-2459
US

3. Date Incorporated or Qualified

04/24/1972

3a. Date of Last Report

02/02/1996

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

4. FEI Number

59-1514402

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILTON, PARIS
3501 KEYSER AVENUE
VILLA 61
HOLLYWOOD FL 33021

81 Name

PARIS MILTON

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

3501 N. KEYSER AVENUE

83

VILLA #61

84 City

HOLLYWOOD

FL

85 Zip Code

33021

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

1-7-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	ARON, ADRIENNA	
STREET ADDRESS	3501 KEYSER AVENUE, #67	
CITY-ST-ZIP	HOLLYWOOD, FL	

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PARIS, MILTON	
1.3 STREET ADDRESS	3501 N. KEYSER AVE #61	
1.4 CITY-ST-ZIP	HOLLYWOOD, FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BLANKET, ROBERT	
STREET ADDRESS	3501 KEYSER AVENUE, #55	
CITY-ST-ZIP	HOLLYWOOD FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, BERNICE	
STREET ADDRESS	3501 KEYSER AVENUE, #54	
CITY-ST-ZIP	HOLLYWOOD, FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	KRUPNICK, ELLEN	
STREET ADDRESS	3501 KEYSER AVENUE, #66	
CITY-ST-ZIP	HOLLYWOOD FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	STD	<input type="checkbox"/> DELETE
NAME	KAPLAN, BURLEIGH	
STREET ADDRESS	3501 KEYSER AVE. VILLA #37	
CITY-ST-ZIP	HOLLYWOOD FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	BENDEL, WILLIAM	
STREET ADDRESS	3501 N KEYSER AVENUE, VILLA 61	
CITY-ST-ZIP	HOLLYWOOD FL	

6.1 TITLE		<input 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0021571

CR2E037 (9/96)