

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE Sherida B. Morrison Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000075391 (1)

1. Corporate Name EMERALD DIVERSIFIED, INC.



Principal Place of Business: 9750 NW 91ST CT MEDLEY FL 33178
Mailing Address: P.O. BOX 660186 MIAMI SPRINGS FL 33266-0186

2. Principal Place of Business: 21, 22, 23, 24, 25
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: 11/01/1993
3a. Date of Last Report: 07/19/1995
4. FEI Number: 65-0455190
5. Certificate of Status Desired:
6. Election Campaign Financing:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: HOOKER, ROBERT J JR. 9750 NW 91ST CT MEDLEY FL 33178
10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85

11. Pursuant to the provisions of Sections 607.0912 and 607.1503, 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, who hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0915, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOKER, ROBERT J JR.	12 NAME	
STREET ADDRESS	9750 NW 91ST CT	13 STREET ADDRESS	
CITY-STATE-ZIP	MEDLEY FL 33178	14 CITY-STATE-ZIP	
TITLE	VCD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOVERN, JOHN W	22 NAME	
STREET ADDRESS	9750 NW 91ST CT	23 STREET ADDRESS	
CITY-STATE-ZIP	MEDLEY FL 33178	24 CITY-STATE-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-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 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 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 in an addition with an address.

SIGNATURE: *Robert J. Hooker Jr.* ROBERT J. HOOKER, JR. 4-3-96 305-888-4901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)