

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000076646 (5)

1. Corporation Name  
**ESMERELDA ENTERPRISES, INC.**



Principal Place of Business: 16497 79TH TERRACE NORTH PALM BEACH GARDENS FL  
Mailing Address: 16497 79TH TERRACE NORTH PALM BEACH GARDENS FL

3. Date Incorporated or Qualified: 10/03/1995  
3a. Date of Last Report: n/a  
4. FEI Number: [ ] 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  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: [ ] Yes [x] No

2. Principal Place of Business (21-23) and Mailing Address (24-30) fields with sub-sections for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARIETTA, PAMELA  
16497 79TH TERRACE NORTH  
PALM BEACH GARDENS FL

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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                     |
|----------------------------|-----------------------|---|---------------------|
| TITLE                      | NAME                  | 1.1 TITLE   | 1.2 NAME            |
| PTD                        | MARIETTA, HAROLD L    | [ ] Change  | [ ] Addition        |
| P.O. BOX 7203 N/A          | JUPITER FL 33468-7203 | 1.3 STREET ADDRESS                                    | 1.4 CITY - ST - ZIP |
| VSD                        | MARIETTA, PAMELA N    | [ ] Change  | [ ] Addition        |
| P.O. BOX 7203 N/A          | JUPITER FL 33468-7203 | 2.1 TITLE   | 2.2 NAME            |
| [ ] DELETE                 |                       | 2.3 STREET ADDRESS                                    | 2.4 CITY - ST - ZIP |
| [ ] DELETE                 |                       | 3.1 TITLE   | 3.2 NAME            |
| [ ] DELETE                 |                       | 3.3 STREET ADDRESS                                    | 3.4 CITY - ST - ZIP |
| [ ] DELETE                 |                       | 4.1 TITLE   | 4.2 NAME            |
| [ ] DELETE                 |                       | 4.3 STREET ADDRESS                                    | 4.4 CITY - ST - ZIP |
| [ ] DELETE                 |                       | 5.1 TITLE   | 5.2 NAME            |
| [ ] DELETE                 |                       | 5.3 STREET ADDRESS                                    | 5.4 CITY - ST - ZIP |
| [ ] DELETE                 |                       | 6.1 TITLE   | 6.2 NAME            |
| [ ] DELETE                 |                       | 6.3 STREET ADDRESS                                    | 6.4 CITY - ST - ZIP |

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5-1-96 OK

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 on an attachment with an address.

SIGNATURE: *Harold L Marotta* Date: 4-27-96 Daytime Phone #: 407 743 1745

CR2E034 (12/95)