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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 718995 (4)

1. Corporation Name
EMERALD TOWER ASSOCIATION, INC.



Principal Place of Business 1401 SOUTH OCEAN BLVD POMPANO BEACH FL 33062	Mailing Address 1401 SOUTH OCEAN BLVD POMPANO BEACH FL 33062-7376
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3. Date Incorporated or Qualified 08/12/1970	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1418717	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

RUMIN, EDWARD
2500 NORTH FEDERAL HWY. # 201
FT. LAUDERDALE FL 33310-6057

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GOLD, RUTH	
STREET ADDRESS	1401 S OCEAN BLVD	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ALFIERI, IRENE	
STREET ADDRESS	1401 S OCEAN BLVD	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ALFIERI, IRENE	
STREET ADDRESS	1401 S OCEAN BLVD	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MAITLAND, MARGOT	
STREET ADDRESS	1401 S. OCEAN BLVD.	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLAY, SHERMAN	
STREET ADDRESS	1401 S. OCEAN BLVD.	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MIELE, MICHAEL	
STREET ADDRESS	1401 S. OCEAN BLVD.	
CITY - ST - ZIP	POMPANO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHERMAN CLAY	
1.3 STREET ADDRESS	1401 S. Ocean Blvd.	
1.4 CITY - ST - ZIP	Pompano Beach, FLA.	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Phil Reale	
2.3 STREET ADDRESS	1401 S. Ocean Blvd.	
2.4 CITY - ST - ZIP	Pompano, Beach, FLA.	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Herb Pankratz	
3.3 STREET ADDRESS	1401 S. Ocean Blvd.	
3.4 CITY - ST - ZIP	Pompano Beach, FLA	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ruth Gold	
4.3 STREET ADDRESS	1401 S. Ocean Blvd.	
4.4 CITY - ST - ZIP	Pompano Beach, FLA.	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jerry Jazwinski	
5.3 STREET ADDRESS	1401 S. Ocean Blvd.	
5.4 CITY - ST - ZIP	Pompano Beach, FLA	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Dominic Parisi	
6.3 STREET ADDRESS	1401 S. Ocean Blvd.	
6.4 CITY - ST - ZIP	Pompano Beach, FLA.	

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: *Herb R. Pankratz Secretary* 3/18/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021811

CR2E037 (9/96)