


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90227 024 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



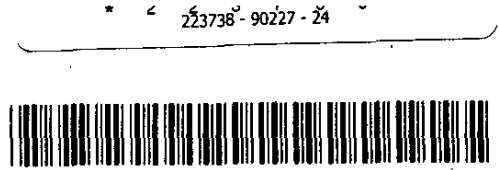
FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 718995**

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/12/1970
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1419717
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>RUMIN, EDWARD</b> 2500 NORTH FEDERAL HWY. # 201 FT. LAUDERDALE FL 33310-6057	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	<b>FL</b>

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: Edward Rumin - Attorney DATE: March 10, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GOLD, RUTH</b>	1.2 NAME	<b>JOHN WILSON</b>
STREET ADDRESS	<b>1401 S OCEAN BLVD</b>	1.3 STREET ADDRESS	<b>1401 S. Ocean Blvd.</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	1.4 CITY-ST-ZIP	<b>Pompano Beach, FL.</b>
D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ZUCHOWSKI, JOHN</b>	2.2 NAME	<b>IRWIN FEIGENBAUM</b>
STREET ADDRESS	<b>1401 SOUTH OCEAN BLVD.</b>	2.3 STREET ADDRESS	<b>1401 S. Ocean Blvd.</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	2.4 CITY-ST-ZIP	<b>Pompano Beach, FLA.</b>
S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HERB PANKRATZ</b>	3.2 NAME	<b>LINDA PETERSON</b>
STREET ADDRESS	<b>1401 S OCEAN BLVD</b>	3.3 STREET ADDRESS	<b>1401 South Ocean Blvd.</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	3.4 CITY-ST-ZIP	<b>Pompano Beach, FLA.</b>
D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RABIN, SHELDON</b>	4.2 NAME	<b>NAOMI THOMAS</b>
STREET ADDRESS	<b>1401 SOUTH OCEAN BLVD.</b>	4.3 STREET ADDRESS	<b>1401 S. Ocean Blvd.</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	4.4 CITY-ST-ZIP	<b>Pompano Beach, FLA.</b>
P	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CLAY, SHERMAN</b>	5.2 NAME	<b>SHELDON RABIN</b>
STREET ADDRESS	<b>1401 S. OCEAN BLVD.</b>	5.3 STREET ADDRESS	<b>1401 S. Ocean Blvd.</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	5.4 CITY-ST-ZIP	<b>Pompano Beach, FLA.</b>
D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DOMINIC PARISI</b>	6.2 NAME	<b>FRANK STOCKINGER</b>
STREET ADDRESS	<b>1401 S. OCEAN BLVD.</b>	6.3 STREET ADDRESS	<b>1401 S. Ocean Blvd.</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	6.4 CITY-ST-ZIP	<b>Pompano Beach, FLA.</b>

14. I 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, with all other like empowered.

SIGNATURE: [Signature] DATE: March 10, 1999 DAYTIME PHONE #: 954-781-7515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)