

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F76215 (5)

1. Corporation Name

EMERALD CORPORATION

Principal Place of Business

**1521 FOREST HILL BLVD., #5
WEST PALM BEACH FL 33406**

Mailing Address

**1521 FOREST HILL BLVD., #5
WEST PALM BEACH FL 33406**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1982

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2210707

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

☒ No

2. Principal Place of Business

21 4546 Clemens St.

Suite, Apt. #, etc.

22

City & State

23 Lake Worth, FL

Zip

24 33461

Country

25 Palm Beach

2a. Mailing Address

26 P.O. Box 20566

Suite, Apt. #, etc.

27

City & State

28 West Palm Beach, FL

Zip

29 33416

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

**WINKEL, WILLIAM M
2628 FOREST HILL BLVD
WEST PALM BEACH FL 33406**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when nonattending)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PST

DEMONACO, KATHRYN

1521 FOREST HILL BLVD #5

WEST PALM BCH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

DEMONACO, KATHRYN

1521 FOREST HILL BLVD #5

WEST PALM BCH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Change ☒ **Addition** ☐

P.O. Box 20566

West Palm Beach, FL 33416

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Change ☒ **Addition** ☐

P.O. Box 20566

West Palm Beach, FL 33416

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Change ☐ **Addition** ☐

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Change ☐ **Addition** ☐

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change ☐ **Addition** ☐

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change ☐ **Addition** ☐

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: Kathryn DeMonaco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

(Type Name)