

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 # F94000006701 (6)

1. Corporation Name

EMERALD CAPITAL SERVICES INC.



Principal Place of Business

3211 N 39 ST  
HOLLYWOOD FL 33021  
US

Mailing Address

3211 N 39 ST  
HOLLYWOOD FL 33021  
US

3. Date Incorporated or Qualified

12/30/1994

3a. Date of Last Report

04/13/1995

2. Principal Place of Business

2a. Mailing Address

21 20801 BISCAYNE BLVD

26

Suite, Apt. #, etc.

22 SUITE 403

27 Suite, Apt. #, etc.

City & State

23 MIAMI, FLORIDA

28 City & State

Zip

24 33180

Country

25

Zip

29

Country

30

4. FEI Number

65-0494090

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCONNELL, BILL  
3211 N 39 ST  
HOLLYWOOD FL 33021

81

Name BILL MCCONNELL

82

Street Address (P.O. Box Number is Not Acceptable)

20801 BISCAYNE BLVD

83

SUITE 403

84

City Miami

FL

85

Zip Code

33180

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

*Bill McConnell* BILL MCCONNELL PRESIDENT

Feb 18/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

CP

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MCCONNELL, BILL F  
3211 N. 39TH ST.  
HOLLYWOOD FL 33021

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

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CITY-ST-ZIP

TITLE

☐ DELETE

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

CHAIRMAN & PRESIDENT

BILL F MCCONNELL

20801 BISCAYNE BLVD

MIAMI FLA 33180

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 on an attachment with an address.

SIGNATURE:

*Bill McConnell* BILL MCCONNELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 18/96

Date

305 6829631

Daytime Phone #

CR2E034 (12/95)