

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 30 1996 8:00 am  
Secretary of State

DOCUMENT # F95000002363 (8)

1. Corporation Name

EMERY FARM ESTATES LTD. CO.



Principal Place of Business Mailing Address  
184. HEATON MOOR RD., HEATON MOOR STOCKPORT, CHESHIRE SK4 4DU UK  
184. HEATON MOOR RD., HEATON MOOR STOCKPORT, CHESHIRE SK4 4DU UK

3. Date Incorporated or Qualified 05/15/1995  
3a. Date of Last Report  
4. FEI Number 98-0058423  
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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

PETTIT, JOHN S  
2101 N. ANDREWS AVE.  
SUITE 404  
FT. LAUDERDALE FL 33311

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EMERY, GORDON H	
STREET ADDRESS	184, HEATON MOOR RD., HEATON MOOR	
CITY-ST-ZIP	STOCKPORT, CHESHIRE SK4 4DU	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EMERY, JOSEPHINE A	
STREET ADDRESS	184, HEATON MOOR RD., HEATON MOOR	
CITY-ST-ZIP	STOCKPORT, CHESHIRE SK4 4DU	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EMERY, JOSEPHINE A.	
1.3 STREET ADDRESS	184, HEATON MOOR RD, HEATON MOOR,	
1.4 CITY-ST-ZIP	STOCKPORT, CHESHIRE, SK4 4DU, U.K.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	V.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EMERY, LOUISE G.	
2.3 STREET ADDRESS	184, HEATON MOOR RD., HEATON MOOR	
2.4 CITY-ST-ZIP	STOCKPORT, CHESHIRE, SK4 4DU, UK.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPHINE A. EMERY

03/28/96

Date

01144-161-  
432-3460

Daytime Phone #

CR2E034 (12/95)