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Apr 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 04/30/1996  
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 Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

PETTIT, JOHN S  
2101 N. ANDREWS AVE.  
SUITE 404  
FT. LAUDERDALE FL 33311-3946

*John S. Pettit*

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 SUITE 404  
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VD
NAME	EMERY, LOUISE	1.2 NAME	DAVID JAN WADSWORTH.
STREET ADDRESS	184 HEATON MOOR ROAD HEATON MOOR	1.3 STREET ADDRESS	184 HEATON MOOR ROAD, HEATON MOOR,
CITY-ST-ZIP	STOCKPORT, CHESHIRE SK4 4DU	1.4 CITY-ST-ZIP	STOCKPORT, CHES, SK4 4DU
TITLE	PD	2.1 TITLE	
NAME	EMERY, JOSEPHINE A	2.2 NAME	
STREET ADDRESS	184, HEATON MOOR RD., HEATON MOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	STOCKPORT, CHESHIRE SK4 4DU	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Josephine A. Emery*

6th March 97

01144-161-432-3460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPHINE A. EMERY, PRES.

Date

Daytime Phone #

0629511

CR2E034 (9/96)