

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90009 045 ***558.75

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # F95000002363 ✓

1. Corporation Name

EMERY FARM ESTATES LTD. CO.



Principal Place of Business

~~1ST FLOOR, MERSEY HOUSE
BATTERSEA ROAD
HEATON MERSEY ST SK4 3-A
UK~~

Mailing Address

~~1ST FLOOR, MERSEY HOUSE
BATTERSEA ROAD
HEATON MERSEY ST SK4 3-A
UK~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1995

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 owes the current year
Intangible Personal Property.



Yes ☒ No

2. Principal Place of Business

21 THE BOAT HOUSE, BOSTOCK HALL
Suite, Apt. #, etc.
22 BOSTOCK ROAD, BOSTOCK

2a. Mailing Address

26 THE BOAT HOUSE, BOSTOCK HALL
Suite, Apt. #, etc.
27 BOSTOCK ROAD, BOSTOCK

City & State

23 NR. MIDDLEWICH, CHESHIRE

Zip

24 CW10 9JN

Country

25 UK.

City & State

28 NR. MIDDLEWICH, CHESHIRE

Zip

29 CW10 9JN

Country

30 UK

9. Name and Address of Current Registered Agent

DETTMAN, DOUGLAS
DETTMAN ENTERPRISES *Properties Inc.*
263 COMMERCIAL BLVD SUITE A
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name **DOUGLAS DETTMAN-DETTMAN PROPERTIES**
82 Street Address (P.O. Box Number is Not Acceptable) **263 COMMERCIAL BLVD**
83 **SUITE A**
84 City **LAUD-BY-THE-SEA** **FL** **85 Zip Code** **33308**

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	VD	<input type="checkbox"/> DELETE
NAME	EMERY, LOUISE	
STREET ADDRESS	184 HEATON MOOR ROAD HEATON MOOR	
CITY-ST-ZIP	STOCKPORT, CHESHIRE SK4 4DU	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	EMERY, JOSEPHINE A	
STREET ADDRESS	184 HEATON MOOR RD, HEATON MOOR	
CITY-ST-ZIP	STOCKPORT, CHESHIRE SK4 4DU	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WADSWORTH, DAVID IAN	
STREET ADDRESS	184 HEATON MOOR RD HEATON MOOR	
CITY-ST-ZIP	STOCKPORT CH	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	THE BOAT HOUSE, BOSTOCK HALL, BOSTOCK RD
1.4 CITY-ST-ZIP	BOSTOCK, NR. MIDDLEWICH CW10 9JN UK.
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	THE BOAT HOUSE, BOSTOCK HALL, BOSTOCK ROAD
2.4 CITY-ST-ZIP	BOSTOCK, NR. MIDDLEWICH, CW10 9JN, UK
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	THE BOAT HOUSE, BOSTOCK HALL, BOSTOCK ROAD
3.4 CITY-ST-ZIP	BOSTOCK, NR. MIDDLEWICH, CW10 9JN, UK
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7th July 99

01144-1606-590055

Date

Daytime Phone #

CR2E034 (5/99)