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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F9600002626 (7)

EMERALD WALK VENTURES, INC.

Principal Place of Business

Mailing Address

APPROVED AND FILED . .

97 JUL:25 AM 11:25

SECRETARY OF STATE TALLAHASSEE, FLORIDA



-8175 NORTHSIO ATLANTA GA 30	DE PKWY NW 300 NORTHCREEK #105 0327	44% NORTHSIDE PKWY NW 300 NORTHCREEK #105 ATLANTA GA 30327-1554			105				
					3. Date Incorporate 05/24/1996	ed or Qualified	3a. Date of Las	1 Report	
2. Principal Place of Business 21 3715 Northside Parkway 28 3715 North			side Pkwu		4. FEI Number 58 - 22	428912	\vdash	Applied For Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.	יגוכל.	. 300	5. Certificate of Sta		□ \$8.7	5 Additional Regulred	
City & State	ius / Diag 300	27 Sute 105	D IOU	3 300	6. Election Campa	ign Financing		10 May Be	
23	28				· · · · • · · · · · · · · · · · · · · ·	Trust Fund Contribution			
Zıp 24	Country 25	Zip 29	Count	ry	B. This corporation Florida Statutes	oration has liability for intangible tax under s. 199.032, latutes			
24	9. Name and Address of Current Registered Agent				10, Name and Address of New Registered Agent				
C T CORPORATION SYSTEM				1 Name	lame				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			8	2 Street A	ddress (P.O. Box Thin)	ss (P.O. Box 3000 (No. A) (2005) 23234			
• •			В	3		****165		165.00	
3			8	4 City	-		FL 85 Z	ip Code	
11. Pursuant t	to the provisions of Sections 607,0502	and 607.1508, Florida Statu	tes, the abo	ve-named c	corporation submits this sta	atement for the pu	rpose of changing	g its registered	
	egi <mark>ster</mark> ed agent, or both, in the State of m f <mark>amili</mark> ar with, and accept the obligati				oration's board of directors	s. I hereby accept	the appointment	as registered	
SIGNATURE									
12.	Signature, typed or printed name of registered agent. OFFICERS AND		E flegistered A	gent signature re	equired when reinstating) ADDITIONS/CHA	NIGES TO OFFICE	DATE DA AND DIRECT	ORS IN 12	
TITLE	DOPT	DELETE	1.1 TITLE		ADDITIONO/OTA	NOLO TO OTTIOL	Chang		
NAME	MCCLAIN, WILLIAM A III	_	1.2 NAM						
STREET ADDRESS	A THE MODER COME DIGITAL AND MODEL COPERS AND			ET ADDRESS					
CITY-ST-ZIP	ATLANTA GA 30327		1.4 CITY						
TITLE	8	☐ DELETE	2.1 TITLE				☐ Chang	e Addition	
NAME	HOCKENBERRY, MARCIA		2.2 NAMI						
STREET ADDRESS	A COMPANIENCE CONTRACTOR AND MARKET AND MARK			ET ADDRESS				i	
CITY-ST-ZIP	ATLANTA GA 30327		2. 4 CITY	- ST - ZIP				}	
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NAME			3.2 NAM(ĺ	
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CITY-ST-ZIP			3.4. CITY	-ST-ZIP					
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NAME			4. 2 NAM	£				ļ	
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CITY-ST-ZIP			5.4 CITY	-ST-ZIP	10001-1				
TITLE		☐ DELETE	6.1 TITLE	T	// / X/		☐ Chang	e 🔲 Addition	
NAME			6.2 NAMI		111,			i	
STREET ADDRESS	$\mathcal{M}_{\mathcal{C}}$		6.3 STRE	ET ADDRESS	*				
CITY-ST-ZIP	MARINE CO.		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 is larged, or on an attachment with an address.