

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90266 038 ***150.00

DOCUMENT # F96000006189

1. Corporation Name

EMERSON RESORTS INTERNATIONAL LIMITED, INC.

Principal Place of Business

EMERSON HOUSE
HEYES LN. ALDERLEY EDGE
CHESHIRE, ENGLAND SK9 7LF

Mailing Address

EMERSON HOUSE
HEYES LN. ALDERLEY EDGE
CHESHIRE, ENGLAND SK9 7LF

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1996

4. FEI Number

NOT APPLICABLE

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 370 WHOOPING LOOP

Suite, Apt. #, etc.

27 SUITE 1136

City & State

28 ALTAMONTE SPRGS., FL

Zip Country

29 32701 30 USA

9. Name and Address of Current Registered Agent

GIANELLI, PETER ANTHONY
%EMERSON INTERNATIONAL, INC.
370 WHOOPING LN #1136
ALTAMONTE SPRINGS FL 32701

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 DPV ☐ DELETE
NAME JONES, PETER EMERSON
STREET ADDRESS %EMERSON GROUP, EMERSON HSE, HEYES LN
CITY-ST-ZIP CHESHIRE, ENGLAND SK9 7LF

TITLE D ☐ DELETE
NAME SCHULER, MARTIN ALEXAND
STREET ADDRESS %EMERSON GROUP, EMERSON HSE, HEYES LN
CITY-ST-ZIP CHESHIRE, ENGLAND SK9 7LF

TITLE S ☐ DELETE
NAME NEWMAN, JAMES PETER
STREET ADDRESS %EMERSON GROUP, EMERSON HSE, HEYES LN
CITY-ST-ZIP CHESHIRE, ENGLAND SK9 7LF

TITLE DV ☐ DELETE
NAME GIANELLI, PETER ANTHONY
STREET ADDRESS %EMERSON INTERNATIONAL, 370 WHOOPING LN
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-99 (407) 834-9560

CR2E034 (1/1/98)

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