

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 09, 1999 8:00 am  
Secretary of State

04-09-1999 90089 022 \*\*\*150.00

DOCUMENT # F98000005130

1. Corporation Name  
EMERALD INTELLIGENCE, INC.

Principal Place of Business  
405 ALEXANDRIA BLVD., STE 100  
OVIEDO FL 32765

Mailing Address  
405 ALEXANDRIA BLVD., STE 100  
OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1998

4. FEI Number

38-2803745

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 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

WALSH, PHILLIP J  
405 ALEXANDRIA BLVD., STE 100  
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name

KENNEDY, STEPHEN M

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

*Stephen M. Kennedy* PRESIDENT

STEPHEN M. KENNEDY

3/31/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME KENNEDY, STEPHEN M  
STREET ADDRESS 405 ALEXANDRIA BLVD., STE 100  
CITY-ST-ZIP OVIEDO FL

TITLE V ☐ DELETE  
NAME BAUER, JASON S  
STREET ADDRESS 405 ALEXANDRIA BLVD., STE 100  
CITY-ST-ZIP OVIEDO FL

TITLE T ☒ DELETE  
NAME WALSH, PHILLIP J  
STREET ADDRESS 405 ALEXANDRIA BLVD., STE 100  
CITY-ST-ZIP OVIEDO FL

TITLE CD ☐ DELETE  
NAME BUFFA, ANTHONY F  
STREET ADDRESS 830 POST RD EAST 2ND FL  
CITY-ST-ZIP WESTPORT CT

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 P/S ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE V/D ☒ Change ☐ Addition  
2.2 NAME BAUER, JASON T.  
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 T ☐ Change ☒ Addition  
5.2 NAME BUFFA, THOMAS  
5.3 STREET ADDRESS 405 ALEXANDRIA BLVD., STE 100  
5.4 CITY-ST-ZIP OVIEDO, FL

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:

*Stephen M. Kennedy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99  
Date

407-359-6760  
Daytime Phone #

CR2E034 (1/98)

0076705