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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90019 017 \*\*\*150.00

## DOCUMENT # H48501

1. Corporation	Name										
EMERALD BAYS INCORPORATED											
						1 10 0 10 11					
Principal Place of Business Mailing Address						1 (86)811 4	.,, 6146, (910) A11) 4	A18: 1:8: 8:8:: .			
700 ATLANTIC ROAD 700 ATLANTIC ROAD											
UNIT 201 UNIT 201						DO NOT WRITE IN THIS SPACE					
MELBOURNE FL 32904 MELBOURNE FL 32904						3. Date Incorporated or Qualifed					
US		00				03/22/198					
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Ар	plied For	
21		26			-	59-251864	15			t-Applicable -	-
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of			\$8.75 A		
22		27				5. Certificate of	Status Desireu		Fee Re	quired	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be					
23		28	<u> </u>			Trust Fund C			Added t	o Fees	
Zip	Country	Zip	Coun	try			ion owes the cur	rent year In		□No	
24	25		30		_	Personal Pro	· · · · · · · · · · · · · · · · · · ·	Bagistarad		<u> </u>	
	9. Name and Address of Current	t Registered Agent		81 Name			dudress of New	Registered	Agent		
MAS	LOW, JOHN		Ľ	1	MA	<u>slow</u>	JOH	<u>N</u>			
	REDWOOD AVE		82 Street Addr			SS (P.O. Box Num	per is Not Accept	able)			
1	BOURNE BCH FL 32951		. }	300 83		I VITY LI	10 FL	<u>-</u>			
			[1	84 City	اام	surve	BCH	FL	85 Zip ( 32°	Code	
11 Purcuant	to the provisions of Sections 607.0502	2 and 607 1508. Florida Statute	s. the ab	ove-named (	cornor	ation submits this	statement for the	purpose of	changing its	registered	
office or o	egistered agent of Both in the State (	of Florida-Such change was an	Ab a mand	by the corne	ration	's board of directo	rs. I hereby acce	nt the appo	intment as red	gistered	
Office of 1	for the and separat the obligat	tions of Costion 60771505 Flori	imonzeu ida Statul	by the corpo	лации	3 Doald of directo	,				
. agent. I ai	m familiar with, and accept the obligat	tions of, Section 60,20505, Flor	ida Statui	ies.		a board or directo	, ,				
. agent. I at	of familiar with, and accept the obligat	tions of, Section 60/20505, Flor	nda Statu	tes. \ASLO1 Agent signature re	(ډ	when reinstating)		DATE -	6-99		í
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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 of frustee 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.

6.4 CITY-ST-ZIP

SIGNATURE: