

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 12, 1999 8:00 am
Secretary of State

04-12-1999 90019 017 ***150.00

DOCUMENT # H48501

1. Corporation Name

EMERALD BAYS INCORPORATED

Principal Place of Business

700 ATLANTIC ROAD
UNIT 201
MELBOURNE FL 32904
US

Mailing Address

700 ATLANTIC ROAD
UNIT 201
MELBOURNE FL 32904
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1985

4. FEI Number

59-2518645

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MASLOW, JOHN
2205 REDWOOD AVE
MELBOURNE BCH FL 32951

10. Name and Address of New Registered Agent

81 Name

MASLOW, JOHN

82 Street Address (P.O. Box Number is Not Acceptable)

300 MARLIN PL.

83

84 City

Melbourne BCH

85

Zip Code

FL 32951

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.

JOHN MASLOW

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PST MASLOW, JOHN**
STREET ADDRESS **2205 REDWOOD AVE**
CITY-ST-ZIP **MELBOURNE BCH FL**

TITLE ☐ DELETE

NAME **V MASLOW, A CAROL**
STREET ADDRESS **2205 REDWOOD AVE**
CITY-ST-ZIP **MELBOURNE BCH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PST MASLOW JOHN**
1.3 STREET ADDRESS **300 MARLIN PL.**
1.4 CITY-ST-ZIP **Melbourne BCH FL 32951**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **V MASLOW, A CAROL**
2.3 STREET ADDRESS **300 MARLIN PL.**
2.4 CITY-ST-ZIP **Melbourne BCH FL 32951**

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 **JOHN MASLOW**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99

Date

407-984-7717

Daytime Phone #

CR2E034 (11/98)