

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

FILED
Jan 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J94569 (7)
 1. Corporation Name
EMERALD MORTGAGE CORP.



Principal Place of Business: **3009 GREENE STREET HOLLYWOOD FL 33020**
 Mailing Address: **3009 GREENE STREET HOLLYWOOD FL 33020-1039**

3. Date Incorporated or Qualified: **09/29/1987**
 3a. Date of Last Report: **02/21/1996**

2. Principal Place of Business: **3790 N 28th Terrace**
 2a. Mailing Address: **3790 N 28th Terrace**
 21. City & State: **Hollywood FL**
 27. City & State: **Hollywood FL**
 24. Zip: **33020** 25. Country: **USA**
 29. Zip: **33020** 30. Country: **USA**

4. FEI Number: **65-0011940**
 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
WELT, WARREN
3009 GREENE ST
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent
 81 Name: **WARREN WELT**
 82 Street Address (P.O. Box Number is Not Acceptable): **3790 N. 28th Terrace**
 83
 84 City: **Hollywood** 85 Zip Code: **FL 33020**

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: *Warren* - **WARREN WELT** DATE: **1/11/97**

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	WELT, WARREN	
STREET ADDRESS	3009 GREENE STREET	
CITY- ST- ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WELT, JEFFREY L.	
STREET ADDRESS	3009 GREENE STREET	
CITY- ST- ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3790 N. 28th Terrace
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3790 N. 28th Terrace
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 if changed, or on an attachment with an address.

SIGNATURE: *Warren* - **WARREN WELT** DATE: **1/11/97** DAYTIME PHONE #: **954-977-8000**

CR2E034 (9/96)