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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # K21500 (9)

1. Corporation Name
EMERALD POINTE OF HOLLYWOOD, INC.

Principal Place of Business	Mailing Address
8101 EMERALD POINTE DRIVE HOLLYWOOD FL 33021 US	3990 SHERIDAN STREET 209 HOLLYWOOD FL 33021-3656 US

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24; Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29; Country — 30

3. Date Incorporated or Qualified: 04/13/1988
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0045691 ☐ 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**
SCHWARTZ, JOSEPH L.
4040 SHERIDAN STREET
HOLLYWOOD FL 33021

10. **Name and Address of New Registered Agent**
81 Name: STEVE BERMAN
82 Street Address (P.O. Box Number is Not Acceptable): 3990 SHERIDAN STREET
83 SUITE 209
84 City: HOLLYWOOD FL 85 Zip Code: 33021

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 ____________ APRIL 3, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BERMAN, HOWARD B.		1.2 NAME	
STREET ADDRESS	3801 NE 207 STREET 801		1.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL		1.4 CITY-ST-ZIP	
TITLE	SDT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WEIL, MICHAEL J.		2.2 NAME	
STREET ADDRESS	3541 N 41 TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ACKERMAN, MARCOS		3.2 NAME	
STREET ADDRESS	20281 E COUNTRY CLUB DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BECH FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	DV ☒ Change ☐ Addition
NAME	BERMAN, STEVEN B		4.2 NAME	
STREET ADDRESS	3410 EMERALD POINT DR 304		4.3 STREET ADDRESS	3990 SHERIDAN STREET #209
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: PRESIDENT