**FILED** 

Apr 21, 1999 8:00 am Secretary of State

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## 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** 

## DOCUMENT # **K21500**

1. Corporation Name

EMERALD POINTE OF HOLLYWOOD, INC.

Principal Place	e of Business	Mailing Address				AIAII \$1811 B1811 I	1181) BIBII 1881
		3990 SHERIDAN STREET	=				
HOLLYWOOD FL 33021		209					
US		HOLLYWOOD FL 33021		DO NOT WRITE IN THIS SPACE			
		US			3. Date Incorporated or Qualifed 04/13/1988		,
Principal Place of Business     2a. Mailing Address		2a. Mailing Address	<del></del>		4. FEI Number	Ap	plied For
21	,	26			65-0045691		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75		
22		27			Fee Re	,	
City & State		City & State		6. Election Campaign Financing	\$5.00	- 1	
23	Caustin	28	Countr		Trust Fund Contribution	Added 1	o rees
Zip	Country	— · —	Zip Country		<ol> <li>This corporation owes the current year In Personal Property Tax.</li> </ol>	tangible Yes	MNo
24	9. Name and Address of Current	29 30	<del></del>		10. Name and Address of New Registered		<u></u>
<del></del>	5. Name and Address of Current	registered Agent	81	Name	- In the state of		
BER	MAN, STEVE						
3990 SHERIDAN ST			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
SUITE 209			83				
HOLLYWOOD FL 33021							
			84	City	F!	85 Zip (	Code
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes, t	the abov	e-named con	poration submits this statement for the ourpose of	f changing its	registered
l office or r	egistered agent, or both, in the State o	of Florida. Such change was autho	rized by	the comorati	ion's board of directors. I hereby accept the appoint	intment as re	gistered
	m familiar with, and accept the obligat	ons or, Section 607.0505, Fibrida	Statutes				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	istered Age	nt signature requir	ed when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS 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 STREE	TADDRESS			
CITY-ST-ZIP	AVENTURA FL		1.4 CITY-S	T-ZIP			
TITLE	SDT	☐ DELETE	2.1 TITLE			Change	Addition
NAME	WEIL, MICHAEL J.		2.2 NAME				
STREET ADDRESS	3541 N 41 TERRACE		2.3 STREE	T 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 DRIV	E	3.3 STREE	TADDRESS			
CITY-ST-ZIP	N MIAMI BECH FL		3.4. CITY-	ST-ZIP			
TITLE	DV	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	BERMAN, STEVEN B		4.2 NAME	-		•	Ì
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 CITY-5	T-7IP	•		
TITLE					•		
		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME '	· · · · · · · · · · · · · · · · · · ·	_	5.1 TITLE 5.2 NAME			Change	☐ Addition
NAME STREET ADDRESS		_	5.1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS	•	Change	☐ Addition
			5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-5	T ADDRESS		,	
STREET ADDRESS		_	5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-5 6.1 TITLE	T ADDRESS	•	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-5 6.1 TITLE 6.2 NAME	T ADDRESS	•	,	

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 supplied 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 econyer 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 attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: