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PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # K71981 (0)

1. Corporation Name

EMERALD POINTE REALTY, INC.

Principal Place of Business	**Mailing Address**
3990 SHERIDAN ST 210 HOLLYWOOD FL 33021 US	3990 SHERIDAN ST 210 HOLLYWOOD FL 33021 US

3. Date Incorporated or Qualified 03/10/1989	**3a.** Date of Last Report 04/17/1995	
4. FEI Number 65-0150187		Applied For / Not Applicable

2. Principal Place of Business **[21]**	**2a.** Mailing Address **[26]**
Suite, Apt. #, etc. **[22]**	Suite, Apt. #, etc. **[27]**
City & State **[23]**	City & State **[28]**
Zip **[24]** Country **[25]**	Zip **[29]** Country **[30]**

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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	**FL** **85** Zip Code

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   (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	3990 SHERIDAN ST 202		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WEIL, MICHAEL J.		2.2 NAME		
STREET ADDRESS	3475 SHERIDAN ST. 216		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BERMAN, STEVEN B		3.2 NAME		
STREET ADDRESS	3990 SHERIDAN ST 202		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLLYWOOD FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
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 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ STEVE BERMAN VICE PRESIDENT   (954) 981-7744 ext 27
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR