

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L30612 (0)**

1. Corporation Name
EMERALD CORAL AND REPTILE INCORPORATED



Principal Place of Business: **C/O JOHN SHANAHAN 7230 REAR N.W. MIAMI COURT MIAMI FL 33150**
Mailing Address: **C/O JOHN SHANAHAN 7230 REAR N.W. MIAMI COURT MIAMI FL 33150**

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

3. Date Incorporated or Qualified: **11/15/1989** 3a. Date of Last Report: **02/09/1995**
4. FEI Number: **65-0169749** 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

**SHANAHAN, JOHN
7230 REAR N.W. MIAMI COURT
MIAMI FL 33150**

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 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE _____ (Name, Title, and Address of Agent) _____ (Name, Title, and Address of Director) _____ (Date)

12. OFFICERS AND DIRECTORS
1. TITLE: **D** DELETE
2. NAME: **SHANAHAN, JOHN**
3. STREET ADDRESS: **7230 REAR N.W. MIAMI CT.**
4. CITY-STATE-ZIP: **MIAMI FL**
5. TITLE: DELETE
6. NAME:
7. STREET ADDRESS:
8. CITY-STATE-ZIP:
9. TITLE: DELETE
10. NAME:
11. STREET ADDRESS:
12. CITY-STATE-ZIP:
13. TITLE: DELETE
14. NAME:
15. STREET ADDRESS:
16. CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: Change Addition
2. NAME:
3. STREET ADDRESS:
4. CITY-STATE-ZIP:
5. TITLE: Change Addition
6. NAME:
7. STREET ADDRESS:
8. CITY-STATE-ZIP:
9. TITLE: Change Addition
10. NAME:
11. STREET ADDRESS:
12. CITY-STATE-ZIP:
13. TITLE: Change Addition
14. NAME:
15. STREET ADDRESS:
16. CITY-STATE-ZIP:

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)(A), 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, or on an attachment with an address.

SIGNATURE: *John Shanahan* **John Shanahan** 2/10/96 305 6547846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type or Print)

FORM 11295