

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

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**FILED**

98 JUL -1 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L63779 (7)**  
1. Corporation Name  
**C.T. EMERALD CORP.**

Principal Place of Business Mailing Address  
**C/O HUGH F. QUINN 6330 S.W. 114 STREET MIAMI FL 33156**

3. Date Incorporated or Qualified  
**04/10/1990**

4. FEI Number  
**65-0358256**

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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent  
**QUINN, HUGH F.  
6330 S.W. 114 STREET  
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**000002582760--1**  
**-07/08/98 FL 0104224019**  
**\*\*\*\*158 FL \*\*\*\*158 75**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>DPS</b> <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUINN, HUGH F.</b>	1.2 NAME
STREET ADDRESS	<b>6330 SW 114 STREET</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

**7/11**  
**TS 98AR temporary**

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 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 \_\_\_\_\_

CR2E034 (10/97)

**Hugh F. Quinn**  
ATTORNEY AT LAW

June 30, 1998

6330 S.W. 114th ST.  
MIAMI, FLORIDA 33156  
TEL: (305) 666-3684  
FAX: (305) 667-8426

Secretary of State  
Division of Corporation  
Annual Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: Annual Report - C. T. Emerald Corp.  
Document No. L63779(7)

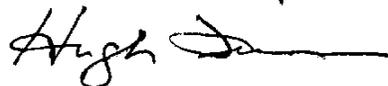
To: Division of Corporations

Enclosed is the annual report for C. T. Emerald Corp. and my check number 11105 in the sum of \$158.75 representing the annual fee of \$150.00 and the additional fee of \$8.75 for a certificate of status.

The reason for the late filing is that I became ill, requiring the closing of my law office and moving all my remaining files into my home. My temporary secretary who had received the annual report apparently filed the report away for transporting and then found other employment. I was the only one who could file the report and I did not see it until today, at which time I called your office, advised a member of your staff of the circumstances and was advised that I should write this letter of explanation requesting relief from the late fee.

Thank you for your consideration of my request.

Very truly yours,



Hugh F. Quinn