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Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90258 001 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49411**

1. Corporation Name

**THE EMERALD ISLE IMMIGRATION CENTER OF FLORIDA,  
INC.**

Principal Place of Business

**5801 EDWARDS ROAD  
MARGATE FL 33063**

Mailing Address

**5801 EDWARDS ROAD  
MARGATE FL 33063**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	<b>06/15/1992</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	<b>65-0341180</b>
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	28	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip	Zip	Trust Fund Contribution
24	29	
Country	Country	
25	30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCALLISTER, DENNIS  
5801 EDWARDS ROAD  
MARGATE FL 33063**

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 617.0502 and 617.1508, 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 617.0503, 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	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCALLISTER, DENNIS</b>	1.2 NAME	
STREET ADDRESS	<b>5801 EDWARDS ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARGATE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARRETT, BROGET</b>	2.2 NAME	<b>JOHN KANE</b>
STREET ADDRESS	<b>3326 QUAIL CLOSE</b>	2.3 STREET ADDRESS	<b>6131 NW 3500 TERRACE</b>
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	2.4 CITY-ST-ZIP	<b>TAMARAC, FL 33309</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCDONNELL, PATRICIA</b>	3.2 NAME	
STREET ADDRESS	<b>1801 NW 38TH ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURTAGH, RICHARD T</b>	4.2 NAME	<b>KATHLEEN HUDAK</b>
STREET ADDRESS	<b>1000 W MCNAB RD, STE 302</b>	4.3 STREET ADDRESS	<b>7738 BALBOA STREET</b>
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	4.4 CITY-ST-ZIP	<b>SUNRISE, FL 33351</b>
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	

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 provided 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 29, 1999 (Edu) 276-9100*

CR2E037 (11/98)