

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1994.
 AMOUNT DUE ON OR BEFORE 6/30/94: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 11 AM 10:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P92000014510 (1)

1. Corporation Name
 THE EMERALD HOUSE PUBLISHING COMPANY, INC.

Principal Place of Business Mailing Address
 167 MIRACLE STRIP PKWY 167 MIRACLE STRIP PKWY
 FT WALTON BCH FL 32548 FT WALTON BCH FL 32548
 US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/22/1992 3a. Date of Last Report 04/25/1994
 4. FEI Number 59-3173617 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. 189.032, Florida Statutes 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
 WARREN, MORGAN J JR.
 167 MIRACLE STRIP PARKWAY
 FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent
 81 Name REUBEN D BEST
 82 Street Address (P.O. Box Number is Not Acceptable) 2740 MASTERS BLVD
 83
 84 City NAVARRE FL 85 Zip Code 32566

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 *Reuben D Best* DATE _____
Signature of new or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, WARREN J JR	1.2 NAME	
STREET ADDRESS	2473 PGA BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL 32566	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORMAN, ROBERT D	2.2 NAME	
STREET ADDRESS	2810 MASTERS BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS, DOUG	3.2 NAME	
STREET ADDRESS	7165 REEF ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEATHERSTONE, ROBERT J	4.2 NAME	
STREET ADDRESS	8522 GULF BLVD., #33	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE BEACH FL 32566	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEST, REUBEN D	5.2 NAME	
STREET ADDRESS	2740 MASTERS BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL	5.4 CITY-ST-ZIP	
TITLE		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	

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 110.07(3)(b), 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: REUBEN D BEST *Reuben D Best* DATE 6/8/95 904-244-5916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)