

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 09, 1999 8:00 am
Secretary of State
 09-09-1999 90007 007 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999
 FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P93000000526
 Corporation Name
EMERALD PROPERTIES, INC.



Principal Place of Business Mailing Address
 BOX 560007 PO BOX 560007
 MONTVERDE FL 34756 MONTVERDE FL 34756
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/29/1992	
4. FEI Number 59-3158085	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FRANKLIN, GEE GEE 16903 LAKESIDE DR, SUITE 6 MONTVERDE FL 34756				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ADDRESS -ZIP	PST FRANKLIN, GEE GEE 16903 LAKESIDE DR 'G', PO BOX 7 MONTVERDE FL <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> DELETE	1.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> DELETE	2.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> DELETE	3.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> DELETE	4.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> DELETE	5.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> DELETE	6.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	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 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 appointed to liquidate this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNED: **9/6/99** 407/469-2621

CR2E034 (5/99)