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PROFIT CORPORATION ANNUAL REPORT



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

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DOCUMEN 1. Corporation Name	NT # P930 0	00021433 ((6)					
EMERALD P	PARADISE, INC.							
Principal Place of Busi	síness	Mailing Address			- 1 STORYHOOD IN FOLDER IN IN		881(8 (1881 1981)	
46951 EMERALD CO	DAST PKWY.	46951 EMERALD C	oast Pkwy.					
SUITE 26 DESTIN FL 32541		DESTIN FL 32541 US						 ,
US		00			3. Date Incorporated or Q	ualified 3	a. Date of Las	· ·
- D: (1	P) '	0. 1100			03/19/1993 4. FET Number		04/04/	Applied For
 Principal Place of E 	Business	2a. Mailing Address			59-3174343			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status De	oirod -	, \$8.	75 Additional
22		27			5. Gertindate of Status De	Sireci _	F	e Required
City & State		City & State			6. Election Campaign Fina Trust Fund Contribution	- 1		.00 May Be ided to Fees
23 Zip	Country	7 p	Cour	ntry	8. This corporation has lia			
24	25	29	30	. /	Florida Statutes	Yes [
	Name and Address of Curr				10. Name and Address o	! New Regis	stered Agent	
				81 Name				
CREWS, TERR			<u> </u>	82 Street Add	lress (P.O. Box Number is Not A	Acceptable)_		
150 LOLA CIR	R.			2,400	Caystol Cove Law	re Z	-228	
SUITE 26				83				
DESTIN FL 32	2541			84 City			FL 85	Zip Code
							- I I - 1	32541
11 Purcuant to the n	provisions of Sections 607.05	02 and 607 1508 Florida Sta	stutes, the above	ve-named corpo	ration submits this statement for	or the purpos	e of changing i	ts registered office
or registered ager	ent or both in the State of Ele	orida. Such change was auth	orized by the C	ve-named corpo orporation's boa	oration submits this statement fo ard of directors. Thereby accept	or the purpos the appointr	e of changing in ment as registe	ts registered office
or registered ager familiar with, and	provisions of Sections 607.05 ant, or both, in the State of Flat diaccept the obligations of, Se	orida. Such change was auth	orized by the C	ve-named corpo orporation's boa	ration submits this statement fo and of directors. Thereby accept	, the appointi	nent as registe	ts registered office
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certly that the information indicated on this annual report or supplemental annual report is rue and accurate and that my signature shall have the same tight effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee impowered 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: SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/19/96

904-654-0825