

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

FILED

**Apr 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **P 93 0000 21433**
1. Corporation Name
EMERALD PARADISE, INC.

Principal Place of Business Mailing Address
11714 W. EMERALD COAST PKWY DESTIN FL 32541 **11714 W. EMERALD COAST PKWY DESTIN FL 32541**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report		4. FEI Number	
21		26		4/13/93		3/18/96		59-3174343	
22		27		5. Certificate of Status Desired		Applied For		Not Applicable	
23		28		5. Certificate of Status Desired		Not Applicable		\$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution		Not Applicable		\$5.00 May Be Added to Fees	
25		30		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

9. Name and Address of Current Registered Agent
**CREWS, TERRY L.
11714 W. EMERALD COAST PARKWAY
DESTIN FL 32541**

10. Name and Address of New Registered Agent

81	82	83	84	85
Name	Street Address (P.O. Box Number is Not Acceptable)		City	Zip Code
			FL	

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 officer 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, in full or with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	DELETE <input type="checkbox"/>	11 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS		12 NAME	
CITY-STATE-ZIP		13 STREET ADDRESS	
TITLE	DELETE <input type="checkbox"/>	14 CITY-STATE-ZIP	
NAME		21 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		22 NAME	
CITY-STATE-ZIP		23 STREET ADDRESS	
NAME	DELETE <input type="checkbox"/>	24 CITY-STATE-ZIP	
STREET ADDRESS		31 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-STATE-ZIP		32 NAME	
NAME	DELETE <input type="checkbox"/>	33 STREET ADDRESS	
STREET ADDRESS		34 CITY-STATE-ZIP	
CITY-STATE-ZIP		41 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DELETE <input type="checkbox"/>	42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
NAME	DELETE <input type="checkbox"/>	51 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		52 NAME	
CITY-STATE-ZIP		53 STREET ADDRESS	
NAME	DELETE <input type="checkbox"/>	54 CITY-STATE-ZIP	
STREET ADDRESS		61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-STATE-ZIP		62 NAME	
		63 STREET ADDRESS	
		64 CITY-STATE-ZIP	

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*****165.00**

14. I do 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: Terry L. Crews **Terry L. Crews President**

Date: **4/11/97** Daytime Phone #: **(904) 654-4247**

CR2E034 (9/96)