FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # P93000021946 (7) 1. Corporation Name								
THE EN	MERALD PRESS INC.							
Principal Place of Business Mailing Address					!			#
257 ELLIS DE	RIVE	257 ELLIS DRIVE	257 ELLIS DRIVE					
DESTIN FL 3	2541	DESTIN FL 32541						
						orporated or Qualified 9/1993	3a. Date of Last f 05/01/19	•
2. Principal Pla	ce of Business	2a. Mailing Address				nber	00/01/10	Applied For
21 327	Ellis Koad				59	<u>-3173448</u>		Not Applicable
Suite, Apt. #	, etc.	<u>├</u> ¬	Suite, Apt. #, etc.		5. Certifica	te of Status Desired	1 1 7 1	5 Additional Required
City & State		City & State			6. Election	Campaign Financing	/ \$5.0	00 May Be
23		28				Trust Fund Contribution Added to Fees		
Zip Country		Zip	· · · - · - · · - ·			8. This corporation has liability or intangible tax under s 199 032, Florida Statutes [7] Yes [7] No		
24	9. Name and Address of Curre	29 29 29 29 29 29 29 29 29 29 29 29 29 2	30	-,,		and Address of New F		
·····		_	81	Name				
PARISH, ROBERT 82 S				Street	Address (P.O. Box N	lumber is Not Acceptab	le)	
257 ELLIS DRIVE								
DESTIN	FL 32541		83					
			84	City			FL 85 2	ip Code
11. Pursuant to	o the provisions of Sections 607.050 ad agent, or both, in the State of Flo h, a of accept the obligations of Se	02 and 607.1508, Florida Statut	es, the above-	named or	orporation submits the	nis statement for the pur	pose of changing its	registered office
familiar witi	h, a daccept the obligations of Se	ction 607.0505, Florida Statutes	:eu by me corp 6.	oralion 5	DOMECTORS: 1	Thereby accept the app	omment as registere	o agent. I am
SIGNATUREX	Signature, typed or printed name of egistered ago	Act of the description (NC	TE: Booistered Ann	ot sonature r	required when re-instaling)	477	23/96	
12.		ND DIRECTORS	13.			NS/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 12
TOLE	0	☐ DELETE	1. 1 TITLE					☐ Addition
NAME	FARISH, CHARLES R		1.2 NAME		(N.	. D \		
STREET ADDRESS	257 ELLIS ROAD			ADDRESS	327 Ellis	s hoad		
CITY - ST - ZIP TITLE	DESTIN FL 32541	[] DELETE	1.4 CITY-5 2. 1 TITLE	1-ZiP			Change	☐ Addition
NAME			2.2 NAME				<u></u>	_
STREET ADDRESS			2.3 STREE	ADDRESS				
CITY-ST-ZIP			2.4 CITY-1	T-ZIP				· ,
TITLE		☐ DELETE	3. 1 TITLE				Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS				T ADORESS				
CITY-ST-ZIP TITLE		☐ DELETE	3.4 C(TY -) 4. 1 TITLE	51-ZIP			Change	Addition
NAME		·	4.2 NAME				- - ·	_
STREET ADDRESS			4.3 STREE	ADDRESS				
CITY-ST-ZIP			4.4 CiTY-1	ST-ZIP				
TITLE		☐ DELETE	5 1 TITLE	5 1 TITLE			Change	Addition
NAME			5.2 NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP		☐ DELETE	5.4 CITY-1	ST-ZiP			Change	Addition
TITLE			6. 1 TITLE 62 NAME				□ Sixingo	LJ . 100 1001
NAME STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			64 CITY-					
	certify that the information supplier	d with this filing is voluntarily fun			ality for the exemption	n stated in Section 119	07/3)(k) Florida Stat	utes. I further

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 empty vered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if chapted, or on an attachment with an address.

SIGNATURE: X

ENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(/23/96 904-837-501