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

PROFIT CORPORATION **ANNUAL REPORT**

1997

NAME

STREET ADDRESS



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

THE EM	ERALD HILL INN, INC.	042257 (4)					
Principal Place of Business		Mailing Address			L CERNINAL AND ADDRES COTES BELLE BEITH ABOUT	MANCE ELECTRICATED INSTITUTE	iari irui
27751 LAKE JEM HD LAKE JEM FL 32745 US		27751 LAKE JEM RD MOUNT DORA FL 32757-9304 US		Date Incorporated or Qualified	3a. Date of Last Re	nott	
					06/10/1993	03/27/1996	port
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		olied For
21		26	-				Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	□ \$8.75 A	dditional
22		27			6. Certificate of Status Desired	Fee Rec	duited
City & State	6	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 I		
Zip	Country	Zip	Count	ry	8. This corporation has liability for i		199.032,
24	25	29 30	1			Yes No	
	9. Name and Address of Current	t Registered Agent	8	1 Name	10. Name and Address of New Re	gistered Agent	
	VE TOBY WISEMAN		*	Name			
27751 LAKE JEM ROAD MOUNT DORA FL 32757			6	2 Street /	Address (P.O. Box Number is Not Acceptab	le)	
			8	2			
				٦			l
			8	4 City		FL 85 Zip C	ode
office or r	to the provisions of Sections 607,0502 egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or protect name of registered agen OFFICERS AND	of Florida Such change was authorions of, Section 607.0505, Floridations of the flapplicatile (NOTE Re	orized I a Statut	by the corp es.	corporation submits this statement for the p oration's board of directors. I hereby accep required when reinstating) ADDITIONS/CHANGES TO OFFIC	t the appointment as r	egislered
TITLE	PST DELETE 1.1		1.1 THE			☐ Change	Addition
NAME	WISEMAN, DIANE TOBY		1.2 NAME				
STREET ADDRESS	27715 LAKE JEM ROAD		1.3 STREET ADDRESS				
CITY-ST-ZIP			1.4 CITY	- S1 - ZIP			
TITLE	··		2.1 TITLE			☐ Change	Addition
NAME	***************************************		22 NAM	F			
STREET ADDRESS	27751 LAKE JEM RD			ET ADDRESS			
Crty-St-ZIP	MOUNT DORA FL	DELĒTE	2. 4 CITY			Channe	Addition
TITLE	1 The state of the		3.1 TITLE	1		☐ Change	Addition
NAME CTOSCT ADDRESS			3.2 NAMI				
STREET ADDRESS CITY-ST-ZIP			3.3 SIRE 3.4. CITY	ET ADDRESS			
TITLE		DELETE	41]IILE			Change	Addition
NAME			4. 2 NAM	ì			
STREET ADDRESS				ET ADDRESS			ļ
CITY-ST-ZIP			4.4 C(1)				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAMI	E ļ			
STREET ADDRESS			53 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 C/TY	- ST - ZIP			
***		DOLETE				Change	Addition

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 eath; that I am an officer or director of the corporation or the receiver or fursion 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.

6.2 NAME

FILED

Apr 25 1997 8:00am

Secretary of State