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**May 06 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 # P93000056041 (5)

1. Corporation Name
EMERALD GREEN FLORAL CORPORATION



Principal Place of Business
**15916 WEST STATE ROAD 84
SUNRISE FL 33326**

Mailing Address
**5351 SHERIDAN ST.
HOLLYWOOD FL 33021-3342**

3. Date Incorporated or Qualified **08/10/1993** 3a. Date of Last Report **05/22/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip Country
24
25
2a. Mailing Address
26 **4401 Sheridan St.**
Suite, Apt. #, etc.
27 **114**
City & State
28 **HOLLYWOOD FL**
Zip Country
29 **33021** 30 **USA**

4. FEI Number **65-0027398** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SIMMONS, THERESA
15916 WEST STATE ROAD 84
SUNRISE FL 33326**

10. Name and Address of New Registered Agent
81 Name **Tom Arnold**
82 Street Address (P.O. Box Number is Not Applicable) **4401 Sheridan Street**
83 **#114**
84 City **HOLLYWOOD** FL 85 **33021**

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 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 *[Signature]* DATE **4/29/97**
Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	MONTE, LETTO	<input type="checkbox"/> DELETE
NAME		2208 N. 45 AVE.	
STREET ADDRESS		HOLLYWOOD FL 33021	
CITY-ST-ZIP			
TITLE	S	SIMMONS, THERESA	<input checked="" type="checkbox"/> DELETE
NAME		15226 NE ONE CT.	
STREET ADDRESS		N. MIAMI FL 33162	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Addition
3.2 NAME	TOM ARNOLD - SECRETARY
3.3 STREET ADDRESS	4401 Sheridan St. #114
3.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

CR2E034 (9/96)