SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORFORATIONS P93000076432 (2) **DOCUMENT #** EMERALD BUILDERS, INC. Principal Place of Business Mailing Address 2101 SUSSEX COURT 2101 SUSSEX COURT PALM HARBOR FL 34683 PALM HARBOR FL 34683 3. Date Incorporated or Qualified 3a. Date of Last Report 11/03/1993 02/02/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3230557 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıρ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TURK, CAROL S 2101 SUSSEX COURT Street Address (P.O. Box Number is Not Acceptable) 82 PALM HARBOR FL 34683 83 84 City 85 Zip Code 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, typed or printed mack infregulating a port and title flar ple abili-()A?+ (NOTE Hargistered Agent signature required when rematching) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96)TITi F PRESIDENT DELETE 1.1 TIZE 6 -TREASURER Change NAME TURK, CAROL S 1.2 NAME CR2E034 2101 SUSSEX COURT STREET ADDRESS 13 STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 14 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2 2 NAME STREET ADDRESS 2.3 STREET AUDRESS CITY-ST-ZIP 2 4 CHTV - ST - ZIP TITLE DELETE 3.1 1111.6 Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 34 DTY-St. ZIP DELETE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY ST-ZIP 4 4 CITY - \$1 - ZIP TITLE DELETE 5 1 TILLE Change Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - 2IP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CHTY - ST - ZIP 14. 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 turther 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 educate or director of the corporation or the receiver or trusted enpowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapter 617 and attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

of officer on Director

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