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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000076432 (2)

EMERALD BUILDERS, INC.

appears in Block 12 or

SIGNATURE:

Principal Place of Business Mailing Address 2101 SUSSEX COURT 2101 SUSSEX COURT PALM HARBOR FL 34683 **PALM HARBOR FL 34683-1719** 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State 23 28 Zip Country Zip Country 24 25 29 30 9. Name and Address of Current Registered Agent Name TURK, CAROL S 2101 SUSSEX COURT Street Address PALM HARBOR FL 34683 83 RΔ City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpora office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typics or printed natural of registered agent and title θ applicable (NOTE: Registered Agent signature required v 12. OFFICERS AND DIRECTORS 13. DELETE 1 1 TITLE TITLE D TURK, CAROL S NAME 1.2 NAME 2101 SUSSEX COURT 1.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TATLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. City-ST-ZIP CITY - ST - ZIP DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIF DELETE TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 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 angual 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

FILED Jan 22 1997 8:00am Secretary of State

Date Incorporated or Qualified 11/03/1993		ate of Last 14/1996	Report
I. FEI Number			pplied For
59-3230557			lot Applicable Additional
Certificate of Status Desired		+ - • · ·	Required
Election Campaign Financing Trust Fund Contribution			May Be to Fees
 This corporation has liability for Florida Statutes 	J Yes □	No	s. 199.032,
). Name and Address of New Ro	egistered	Agent	
(P.O. Box Number is Not Accepta	hla)		
(F.O. Box Number is Not Accepta			
	FL	85 Zip	Code
on submits this statement for the board of directors, I hereby acce		ointment a	its registered s registered
	DATE CERS ANI	DIRECTO	RS IN 12
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Date