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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90100 012 \*\*\*150.00

	DOCUMENT #	P94000002574
--	------------	--------------

1. Corporation Name

EMERALD POINTE BUILDERS, INC.

					ABIIM IIBAI Aflır (ABII ASAL (AAf
Principal Plac	e of Business	Mailing Address			
3840 W.HILLSB	ORO BLVD.	3840 W.HILLSBORO BLVD.			
#156 DEERFIELD BCH FL 33442 DEERFIELD BCH FL 33442			DO NOT WRITE IN THIS	SPACE	
			3. Date Incorporated or Qualifed		
				01/03/1994	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3217944	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22 PMB	156	27 PMB 156		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip —	Country	8. This corporation owes the current year Int	
24	25	29 3	0	Personal Property Tax.	
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registered	Agent
DAD	IADISO, DON A.		Halle F	LED E. MOREFULFIN	
	4 DEERFIEDL PLACE		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	PMB 156
	E WORTH FL 33463		83	840 W. HILLSBORG BLUD	10 13 10
	E WALLIE DO TOO		83		
	,		84 City	FERFIELD BEACH FL	85 Zip Code
				rporation submits this statement for the purpose of	- 33442
office or i agent. I a	am familiar with, and accept the oblig	gations of Section 607.0505, Florid	ia Statutes.	tion's board of directors. I hereby accept the appoint	
OIOITATORE	Signature, typed or printer name of registered a	gent and title if applicable. (NOTE: R	legistered Agent signature requ	illed when rems(string)	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AF	Change Addition
TITLE	M	☐ DELETE	1.1 TITLE		_ , _
NAME	MORGENSTERN, FRED E	N 477 450	1.2 NAME	3840 W. HILLSBURD BLUD	-PMB 156
STREET ADDRESS	1			3640 101 11111	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		1.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	2.1 TITLE		
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		רו מברבנב	3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		[] DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		The Tradition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		D priete	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		□ overdo □ vegunos
NAME					
STREET ADDRESS	·		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	\$ <b> </b>		6.3 STREET ADDRESS		
CITY-ST-ZIP	1		6.4 CITY-ST-ZIP		

14. I 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 supplied with this limit does not quality for the exemption stated in Section 118.07(5)(f), Florida Statutes. I further certify that the indicated on this annual report or supplemental annual report is true and securate 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, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PINTED HAME OF SIGNING OFFICER OR DIRECTOR

= ::::

 $\underline{\boldsymbol{x}} = \boldsymbol{x}_{1} \boldsymbol{x}_{2} \boldsymbol{x}_{3}$ 

=== ---= ::::