

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
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90039 036 ***150.00

DOCUMENT # P94000025789

1. Corporation Name

EMERALD REALTY OF BREVARD, INC.

Principal Place of Business

475 E. EAU GALLIE BLVD.
INDIAN HARBOR BEACH FL 32937

Mailing Address

475 E. EAU GALLIE BLVD.
INDIAN HARBOR BEACH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1994

4. FEI Number

59-3239788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

HABA, HAYDAR I
475 E. EAU GALLIE BLVD.
INDIAN HARBOR BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name SAMUEL EUGENE KINCHELOE
82 Street Address (P.O. Box Number is Not Acceptable) 475 E. EAU GALLIE BLVD
83 INDIAN HARBOR BEACH
84 City FL 85 Zip Code 32937

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

SAMUEL E. KINCHELOE

(NOTE: Registered Agent signature required when re-stating)

DATE

3/25/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME HABA, HAYDAR I
STREET ADDRESS 475 E. EAU GALLIE BLVD.
CITY-ST-ZIP INDIAN HARBOR BEACH FL 32937

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P/V/T/S ☒ Change ☐ Addition
1.2 NAME SAMUEL EUGENE KINCHELOE
1.3 STREET ADDRESS 475 E. EAU GALLIE BLVD.
1.4 CITY-ST-ZIP INDIAN HARBOR BCH FL 32937 ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/99

407-777-9944

0113620

CR2E034 (11/98)