

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

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Secretary of State

03-17-1999 90136 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000054847			
1. Corporation Name EMERALD HILLS VENTURES, INC.			
Principal Place of Business 929 CLINT MOORE ROAD BOCA RATON FL 33487		Mailing Address 929 CLINT MOORE ROAD BOCA RATON FL 33487	
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		10. Name and Address of New Registered Agent	
STRAVERS, JOE 929 CLINT MOORE ROAD BOCA RATON FL 33487		81 Name Howard Koslow Norman Taplin 82 Street Address (P.O. Box Number is Not Acceptable) 515 North Flagler Drive, Suite 1600 83 929 Clint Moore Road 84 City West Palm Beach Boca Raton FL 85 Zip 33401 33487	
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: <i>[Signature]</i>		DATE: 3-17-99	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME TAPLIN, NORMAN E STREET ADDRESS 250 ROYAL PALM WAY, SUITE 300 CITY-ST-ZIP PALM BEACH FL 33480		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 515 North Flagler Drive, Suite 1600 1.4 CITY-ST-ZIP West Palm Beach, FL 33401	
TITLE P NAME BARANOFF, PETER STREET ADDRESS 929 CLINT MOORE ROAD CITY-ST-ZIP BOCA RATON FL 33487		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE S NAME STRAVERS, JOE STREET ADDRESS 929 CLINT MOORE ROAD CITY-ST-ZIP BOCA RATON FL 33487		3.1 TITLE Secretary 3.2 NAME Howard Koslow 3.3 STREET ADDRESS 929 CLINT MOORE ROAD 3.4 CITY-ST-ZIP BOCA RATON, FL 33487	
TITLE VP NAME KOSLOW, HOWARD STREET ADDRESS 929 CLINT MOORE ROAD CITY-ST-ZIP BOCA RATON FL 33487		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)