## 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 # P95000055300 (4)

EMERALD ARCHIVING, INC.

Prir	ncipal Place of Business
125	BERMUDA CIRCLE

Mailing Address

## FILED Feb 07 1997 8:00am Secretary of State



125 BERMUDA CIRCLE NICEVILLE FL 32578		125 BERMUDA CIRCLE NICEVILLE FL 32578			
				3. Date Incorporated or Qualified 07/17/1995	3e. Date of Last Report 04/15/1996
	Barley Orive	2a. Mailing Address	Drive	4. FEI Number	Applied For
21 //5 Suite, Apt		26 // Suite, Apt. #, etc.	7 27,00	59-3339060	Not Applicable  S8.75 Additional
22		27	u	5. Certificate of Status Desired	Fee Required
City & State 23 Nice	ville FL	28 Nice ville	FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>24</b> Zip <b>ろと</b> ご	7 8 Country 25		Country		Yes No
	9. Name and Address of Curre	nt Registered Agent	94 Norman	10. Name and Address of New Re	listered Agent
	DMAN, H. JOSEPH		81 Name		
	BERMUDA CIRCLE EVILLE FL 32578			dress (P.O. Box Number is Not Acceptab	(e)
			83		
: !			84 City	· · · · · · · · · · · · · · · · · · ·	FL 85 Zip Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such channe was au	thorized by the corpore	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
-	m jamiliar with, and accept the obit	gations of, section our outs.	Da Sigibles		
SIGNATURE	Signature Typed or purged name of registered ag	pert and title if applicable (NOTE:	Registered Agent signature requ	Jired when reinstaling)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TOLE	PD	☐ DELETE	1.1 TITLE		Change
NAME	FRIEDMAN, H. JOSEPH		1.2 NAME		
STREET ADORESS	125 BERMUDA CIRCLE		1.3 STREET ADDRESS		
CITY ST-ZIP	NICEVILLE FL 32578	DELETE	1.4 CITY-ST-ZIP		Change L Addition
TITLE	VSTD	☐ DELETE	2 1 TITLE		Fil counts Fil vacuuon
NAME	FRIEDMAN, SHAWN		22 NAME		
STREET ADORESS	125 BERMUDA CIRCLE		2.3 STREET ADDRESS	e e	# <sup>(4)</sup> 2
CITY-ST-ZIP	NICEVILLE FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
TITLE NAME		C DEELE	3.2 NAME		em armillo but vapitoti
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		\$-00M · · · ·	4.2 NAME		<b>-</b>
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CiTY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 T/TLE		Change Addition
NAMÉ			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY ST. 7(P			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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under outh; 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.

**SIGNATURE** 

P PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2/2/97 Dail

(904)678-87H