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Feb 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000008945 (3)

1. Corporation Name  
EMERALD - GOLFCREST, INC.



Principal Place of Business  
~~919 GULF BREEZE PARKWAY  
SUITE 4  
GULF BREEZE FL 32501~~

Mailing Address  
~~919 GULF BREEZE PARKWAY  
SUITE 4  
GULF BREEZE FL 32501 4720~~

3. Date Incorporated or Qualified  
01/29/1996

3a. Date of Last Report

4. FEI Number  
59-3356801

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 226 Palafox Place  
Suite, Apt. #, etc.  
22 3rd Floor  
City & State  
23 Pensacola, FL  
Zip Country  
24 32501 25

2a. Mailing Address

26 226 Palafox Place  
Suite, Apt. #, etc.  
27 3rd Floor  
City & State  
28 Pensacola, FL  
Zip Country  
29 32501 30

9. Name and Address of Current Registered Agent

MAGGIO, R. BRENT  
~~919 GULF BREEZE PARKWAY  
SUITE 4  
GULF BREEZE FL 32501~~

10. Name and Address of New Registered Agent

81 Name  
R. Brent Maggio

82 Street Address (P.O. Box Number is Not Acceptable)  
226 Palafox Place

83 3rd Floor

84 City  
Pensacola FL 85 Zip Code  
32501

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent or title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME D  
MAGGIO, R. BRENT  
STREET ADDRESS ~~919 GULF BREEZE PARKWAY, SUITE 4~~  
CITY-ST-ZIP ~~GULF BREEZE FL 32501~~

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
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 President  Change  Addition  
1.2 NAME R. Brent Maggio  
1.3 STREET ADDRESS 226 Palafox Place, 3rd Floor  
1.4 CITY-ST-ZIP Pensacola, FL 32501

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

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 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 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 it changes or is an attachment with an address.

SIGNATURE: R. Brent Maggio 1/24/97 904/432-8550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)