

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90206 012 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000008945**

1. Corporation Name
EMERALD - GOLFCREST, INC.



Principal Place of Business
226 PALAFOX PL
3RD FL
PENSACOLA FL 32501
 US

Mailing Address
226 PALAFOX PL
3RD FL
PENSACOLA FL 32501
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 909 Gardengate Circle
 Suite, Apt. #, etc.
22 Pensacola, FL
 City & State
23 Pensacola, FL
 City & State
24 32504 **25 US**
 Zip Country

2a. Mailing Address
26 909 Gardengate Circle
 Suite, Apt. #, etc.
27 Pensacola, FL
 City & State
28 Pensacola, FL
 City & State
29 32504 **30 US**
 Zip Country

3. Date Incorporated or Qualified
01/29/1996

4. FEI Number
59-3356801

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 owes the current year tangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
MAGGIO, R. BRENT
226 PALAFOX PL
3RD FL
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
909 Gardengate Circle

83

84 City
Pensacola

85 Zip Code
FL 32504

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
D	MAGGIO, R. BRENT	226 PALAFOX PL 3RD FL	PENSACOLA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		909 Gardengate Circle	Pensacola, FL 32504					<input checked="" type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

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: _____ DATE: **02/16/99** DAYTIME PHONE #: **850/479-1012**

CR2E034 (1/98)