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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000018198 (7)

EMERALD POINTE DEVELOPMENT CORP.

FILED Jan 29 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address												
	ake blvd ste d Gardens fl 33410	4243 NORTHLAKE BLVD STE D PALM BEACH GARDENS FL 33410												
THE DESIGNATION								DO NOT WRITE IN THIS SPACE						
							3. [Date Incorp	orated or	Qualified				
								02/22/19	96					
2. Principal Pl	ace of Business	2a. Ma	ailing Address	•••••				El Number				· T	Apı	olied For
21		26						APPI IF	D FOR	65-0	7930	46 F		Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.												dditional
22	., •	-	27				5. (Certificate o	f Status [Desired				uired
City & State			City & State					lastion Car	nnoign E	ioonoina		Ć E	00	Do
	•		28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Zip	Country		Zip Country				-							
	} − η '	30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No									
24	25 Name and Address of Curren	29	nd Agent	30				Name and						1140
		r negisiere	N Agent	8	1 1	Name	10.	Tallie and a	Audi baa	01 11014 11	ogrator ou z	- Work		
	ROT, DILIP			١	Ή.	Name								
4243 NORTHLAKE BLVD STE D					2	Street A	eet Address (P.O. Box Number is Not Acceptable)							
PALM BEACH GARDENS FL 33410				Ĺ										
				8	3									
				-	٠,	00.						los I	Zip C	odo.
				84	• '	City					FL	85	zip c	,ode
11 Pursuant I	o the provisions of Sections 607 050.	2 and 607	508 Florida Statut	es. the above	ve-r	named o	corporation	submits this	s stateme	ent for the		chanc	ing its	registered
office or re	o the provisions of Sections 607.050. egistered agent, or both, in the State	of Florida.	Such change was	authorized k	oy tł	ne corp	oration's bo	ard of direc	ctors. I he	reby acce	opt the app	ointme	nt as i	egistered
agent. i ar	m familiar with, and accept the obliga	ations of, So	ection 607.0505, Fig	onda Statute	95.									
SIGNATURE .		-1 110- 1	-1	C. Decintered A		n nacture n	and the second such as a second	singletion)			DATE	····		
Signature, typed or printed name of registimed agent and title if applicable (NOTE: Registere 12 OFFICERS AND DIRECTORS 13.						signature i		DDITIONS/C	PHANGE	S TO OFF		DIRE	TOR	S IN 12
12.	DP OF TOUR AND	DINLOTO	DELETE	1.1 TITLE	-	r	<u> Preasi</u>		ZIZIYOLY	3 10 011	OLIIO RIVE	X Ch		Addition
TITLE	BAROT, DILIP			1		- 1	Barot		4 ~			<u> </u>	ange.	
NAME		n		1.2 NAME					_	- D1				
STREET ADDRESS	4243 NORTHLAKE BLVD STE			1.3 STRE	ET AD		4243-I					~ ^		
CITY-ST-ZIP	PALM BEACH GARDENS FL	33410		1.4 CITY -	S1-1	ZIP E	Palm I	<u>Beach</u>	Gar	dens,	FL_	_	<u>410</u>	
TITLE	SVP		DELETE	2 1 TITLE								L Ch	ange	☐ Addition
NAME	WEIR, JOHN F			2.2 NAME										
STREET ADDRESS	4243 NORTHLAKE BLVD STE	D		2 3 STREE	ET AD	DRESS								
CITY-ST-ZIP	PALM BEACH GARDENS FL	33410		2 4 CITY	- 51-	. ZIP								ľ
TITLE	VP		DELETE	3 1 10 LE								☐ Ch	ange	Addition
	WHEAT, TIMOTHY P			3 2 NAME									-	
NAME	4243 NORTHLAKE BLVD STE	n				, porce								
STREET ADDRESS	PALM BEACH GARDENS FL 33410			1	3 3 STREET ADDRESS									
CITY-ST-ZIP		334 IU	Driege	3 4. C/TY		ZIP						T 75		Addition
TITLE	8		☐ DELETE	4 1 TITLE								Ch	anye	☐ MUUIIIOII
NAME	LANCZI, ANITRA D	_		4 2 NAM	E									
STREET ADDRESS	4243 NORTHLAKE BLVD STE			4.3 STRE	ET AD	DRESS								
CITY-ST-ZIP	PALM BEACH GARDENS FL	33410		4.4 CITY-	ST-2	ZIP								
TITLE	V	-	■ DELETE	51 TITLE						-		Ch	ange	☐ Addition
NAME	ADAMS, BRUCE W			5.2 NAME										
STREET ADDRESS	4243 NORTHLAKE BLVD STE	D		5 3 STAE	ET AD	DRESS								
CITY-ST-ZIP	PALM BEACH GARDENS FL			5.4 CiTY-		- 1								
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			board areas to	1									3 -	
NAME				6.2 NAME		nneet								
STREET ADDRESS				6 3 STREE		- 1								
CITY - ST - ZIP				64 CITY-	ST-7	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.