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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000053598 (4)

EMERALD ISLE CORPORATION

Applied For DELRAY BEACH FL 33483 ## Sis EAST ATLANTIC AVENUE DELRAY BEACH FL 33483-5326 ## Sis EAST ATLANTIC AVENUE DELRAY BEACH FL 33483-5326 ## Sis EAST ATLANTIC AVENUE DELRAY BEACH FL 33483-5326 ## Sis EAST ATLANTIC AVENUE DELRAY BEACH FL 33483-5326 ## Sis EAST ATLANTIC AVENUE DELRAY BEACH FL 33483-5326 ## Sis EAST ATLANTIC AVENUE DELRAY BEACH FL 33483-5326 ## Sis EAST ATLANTIC AVENUE DELRAY BEACH FL 33483-5326 ## Sis EAST ATLANTIC AVENUE DELRAY BEACH FL 33483-5326 ## Sis EAST ATLANTIC AVENUE DELRAY BEACH FL 33483-5326 ## Sis EAST ATLANTIC AVENUE DELRAY BEACH FL 33483-5326 ## Sis EAST ATLANTIC AVENUE DELRAY BEACH FL 33483-5326 ## Sis EAST ATLANTIC AVENUE DELRAY BEACH FL 33483-5326 ## Sis EAST ATLANTIC AVENUE DELRAY BEACH FL 33483-5326 ## Sis EAST ATLANTIC AVENUE DELTA BEACH FL 33483-5326 ## Sis EAST ATLANTIC AVENUE DELTA BEACH FL 33483-5326 ## Sis EAST ATLANTIC AVENUE DELTA BEACH FL 33483-5326 ## City A Stave
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483-5326 3. Date incorporated or Qualified 6/6/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 5. Not Applied For Not Appl
2. Principal Place of Business 2. Principal Place of Business 2. Mailing Address 3. Fill Number 5. Certificate of Status Desired 5. Election Campaign Financing 7 Trust Fund Contribution 8 Trust Fund Contribution 9 Trust Fund Countribution 9 Trust Fund Contribution 9 Trust Fund Contribution 9 Trust Fund Contribution 9 Trust Fund Contribution 9 Trust
Suite, Apt. #, etc.
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State Country Zip Country Zip Country S. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Addre
Trust Fund Contribution Added to Fees 7 ip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATION OFFINGE COMPANY 1201 IAVS STITES 121. 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 agent. I am faculties with, and accept the appointment as registered agent agent. I am faculties with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Signatur types of payed name of registered agent and bit first applicable. (NOTE: Registered Agent signature required when reinstating) 11. Pursuant to the provisions of Sections 607.0505. Florida Statutes. SIGNATURE Signatur types of payed name of registered agent and bit first applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. ITILE 11. ITILE 12. Change Addition
Zip Country Zip Country Zip Country S. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 92891 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City CAY GCACH FL 85 Zip Code 3 24B 3 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 agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Signature typed or provide name of registered agent and bittle registered agent agen
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TITLE DELETE 23 TITLE Change Addition
NAME 2.2 NAME
STREET ADDRESS
CHY-S1-24P
TITLE DELETE 31 TITLE Change Addition
NAME 32 NAME
STREET ADDRESS
CHIV ST-7/P 34. CHY-ST-2/P
TITLE DELETE 4.1 TITLE Change Addition
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STREET ADDRESS 4.3 STREET ADDRESS
CHY-S1-7IP 4.4 CITY-S1-2IP
TIFLE DELETE 51 TITLE Change Addition
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STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY -\$1 - 71P

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 filock 12 or Block 13 if changed, or on an attachment with an address.

FILED

Apr 23 1997 8:00am

Secretary of State

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