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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000062342**1. Corporation Name

THE EMERALD REALTY GROUP, INC.

Principal Plac	ce of Business	Mailing Address			•	1			
8843 SAN JOS	SE BLVD	P.O.BOX 47276							
STE 1		JACKSONVILLE FL 32247							
JACKSONVILLE	E FL 32217	US				DO NOT	WRITE IN THE	S SPACE	
US						3. Date Incorporated or Qua	alifed		
						07/25/1996			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		A	Applied For
21		26				59-3396316		N	lot Applicable
Suite, Apt.	. #, etc.	. Suite, Apt. #, etc.							Additional
22		27				5. Certifcate of Status Desir	red 🗌		Required
City & Stat	te	City & State				6. Election Campaign Finan		\$5.00	<u> </u>
23 28		⊢ '				Trust Fund Contribution			May Be
Zip			Cor	Country					101665
24	25	—	30			8. This corporation owes the	e current year in	itangible □Yes	□No
24	9. Name and Address of Current	[29]	30	ı		Personal Property Tax. 10. Name and Address of N	low Dogistored		
	3. Name and Address of Current	r vedisteren vdeur		81 Na	ame	To. Name and Address of R	ew Registered	Agent	
GAR	RTNER, W A	• •		" "					
	0 PRUDENTIAL DRIVE #203			82 St	reet Addres	ss (P.O. Box Number is Not Ac	ceptable)		·····
	KSONVILLE FL 32207			 - - - - - - - 					10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
JAC	NOONVILLE PL 32207			83					
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1		•		CI	, y		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	tes, the a	bove-nar	med corpor	ation submits this statement for	or the purpose o	f changing it	s registered
office or r	registered agent, or both, in the State of am familiar with, and accept the obligati	of Florida, Such change was a	authorized	d by the d	corporation	's board of directors. I hereby	accept the appo	intment as re	egistered
12: T		ions of, Section 607.0303, Fit	Jilua Stati	ules.					•
SIGNATURE									1
OIGHAIGHE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	Agent signs	sture required w	when reinstating)	DATE		 - 1
12.	Signature, typed or printed name of registered agent OFFICERS AND		E: Registered	Agent signa	ature required w	when reinstating) ADDITIONS/CHANGES TO	DATE O OFFICERS A	ND DIRECT	ORS IN 12
					ature required w	when reinstating) ADDITIONS/CHANGES TO			ORS IN 12
12.	OFFICERS AND	DIRECTORS	13.	TLE	sture required w			ND DIRECTO	
12. TITLE NAME	OFFICERS AND D SAOUD, EDMOND R	DIRECTORS	13. 1.1 TF 1.2 N/	TLE NME					
12. TITLE NAME STREET ADDRESS	OFFICERS AND D SAOUD, EDMOND R 1660 PRUDENTIAL DRIVE #203	DIRECTORS	13. 1.1 TF 1.2 NA 1.3 ST	TLE AME TREET ADDR					
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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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, an actual manual report is true and occurate and that my name appears in Block 13 if changed, and that my name appears in the supplement with an actual manual report is true and occurate 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 of the cor

SIGNATURE

FILED

Jan 28, 1999 8:00am

Secretary of State

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