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Apr 22 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 # P96000076364 (4)

1. Corporation Name
EMERALD ADVISORS, INC.



Principal Place of Business: 2222 EMBASSY DRIVE WEST PALM BEACH FL 33401
Mailing Address: 2222 EMBASSY DRIVE WEST PALM BEACH FL 33401-1009

3. Date Incorporated or Qualified: 09/12/1996
3a. Date of Last Report: [Blank]
4. FEI Number: 65-0695620
Applied For: [Blank] / 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 [X] No

2. Principal Place of Business: 21 [Blank]
2a. Mailing Address: 26 [Blank]
Suite, Apt. #, etc.: 22 [Blank] / 27 [Blank]
City & State: 23 [Blank] / 28 [Blank]
Zip: 24 [Blank] / 25 [Blank] / Country: [Blank] / 29 [Blank] / 30 [Blank]

9. Name and Address of Current Registered Agent
MULLEN, ARNOLD
1601 FORUM PLACE, SUITE 905
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81 Name: [Blank]
82 Street Address (P.O. Box Number is Not Acceptable): [Blank]
83 [Blank]
84 City: [Blank] FL 85 Zip Code: [Blank]

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: [Blank] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS
TITLE: [Blank] [] DELETE
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]
[Repeat for multiple entries]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: P S O [] Change [X] Addition
1.2 NAME: MULLEN, EDWARD
1.3 STREET ADDRESS: 2222 EMBASSY DRIVE
1.4 CITY-ST-ZIP: WEST PALM BEACH, FL 33401
2.1 TITLE: V AS [] Change [X] Addition
2.2 NAME: MULLEN, SHIRLEY
2.3 STREET ADDRESS: 2222 EMBASSY DRIVE
2.4 CITY-ST-ZIP: WEST PALM BEACH, FL 33401
[Repeat for multiple entries]

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, unchanged or on an attachment with an address.

SIGNATURE: Edward Mullen (REQUIRED) EDWARD MULLEN 4/10/97 561/684-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (9/96)