

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 23 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 # P96000089173 (4)

1. Corporation Name  
EMERALD FOUR, INC.



Principal Place of Business

Mailing Address

151 CRANDON BLVD  
EMERALD BAY, #636  
KEY BISCAYNE FL 33149

151 CRANDON BLVD  
EMERALD BAY, #636  
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 151 CRANDON BLVD

22 Suite, Apt. #, etc.  
EMERALD BAY, #1036

23 City & State  
KEY BISCAYNE, FL

24 Zip  
33149

25 Country  
DADE

9. Name and Address of Current Registered Agent

CHRISTIN, NICHOLAS E  
2655 LEJEUNE ROAD  
SUITE 1101  
CORAL GABLES FL

3. Date Incorporated or Qualified

3a. Date of Last Report

10/29/1996

4. FEI Number

65-0721145

Applied For

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

81 Name  
Christin, Nicholas E.

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

5th Floor / 2900 MIDDLE ST. (S.W. 18th TERRACE)

83 MIAMI, FL.

84 City

FL

85 Zip Code  
33133

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

Patricia Roberts Smith

(NOTE: Registered Agent signature required when reinstating)

7/16/97

12. OFFICERS AND DIRECTORS

TITLE  
D  
NAME  
SMITH, PATRICIA A  
STREET ADDRESS  
151 CRANDON BLVD, #636  
CITY-ST-ZIP  
KEY BISCAYNE FL 33149

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
PRES.  
1.2 NAME  
SMITH, PATRICIA ROBERTS  
1.3 STREET ADDRESS  
151 CRANDON BLVD, #1036  
1.4 CITY-ST-ZIP  
KEY BISCAYNE, FL 33149

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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 if changed, or on an attachment with an address.

SIGNATURE  
Patricia Roberts Smith

7/16/97

(305)

305-2027

CR2E034 (4/97)