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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000017077**1. Corporation Name

EMERALD OAKS REALTY, INC.

## **FILED** Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90040 009 \*\*\*150.00



Principal Place of Business Mailing Address					* 10011001	118 18111 18811 BRITT BRITT	<b>4 114</b> ) 11 <b>4</b> 11 1861) <b>46</b> 111	12811 1001 1001		
41 BOHANON RD		P O BOX 448	P O BOX 448							
VENUS FL 33960 .		VENUS FL 33	VENUS FL 33960				DO NOT WRITE IN THIS SPACE			
						2 Date Incorno	orated or Qualifed	TIIO OF ACL		1
	•				-	02/19/199				
2 Principal DI	lace of Business	2a. Mailing A	Address		·	4. FEI Number		I Ac	plied For	ļ
<del></del>	ace of business	26 7 6	Box	3	7/_	65-07336	37		t Applicable	ĺ
Suite, Apt. :	# etc	Suite, Ap	ot. #. etc.	<u> </u>	حب ر		_	\$8.75		1
22		27		- وينت		5. Certifcate of	Status Desired	·	equired	=
City & State	9	City & St	tate	- ·	1	6. Election Can	npaign Financing	\$5.00	May Be	]
23		28 Ven	us	1-	l	Trust Fund (		Added		_
Zip	Country	Zip	33960	Cou	intry	8. This corpora	tion owes the current ye	ar Intangible		
24	25	29	O376	10		Personal Pro	perty Tax.	☐ Yes	□No	
	9. Name and Address of Curre	nt Registered Age	ent			10. Name and	Address of New Registe	ered Agent		-
					81 Name					
	ANON, JOLENE				82 Street Ad	dress (P.O. Box Num	ber is Not Acceptable)			1
	OHANON RD					· · · · · · · · · · · · · · · · · · ·				
VENU	US FL 33960		•	4.	83			-		l
				,	84 City			85 Zip	Code	1
								FL		
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, F	lorida Statutes	the a	bove-named co	orporation submits this	statement for the purpos	se of changing its	registered gistered	1
office or re agent. I ai	egistered agent, or both, in the State m familiar with, and accept the oblig:	ations of, Section 6	607.0505, Flori	da Stat	utes.	ation's board of direct	is. Thereby accept the c	ippointmont do 14	9	
SIGNATURE	•									}
SIGNATURE	Signature, typed or ponted name of registered ago	ant and title if annicable	ALOTE: S		Agent cigneture rec	ulred when reinstating)	DAT	re		
			(NOTE: F	-	Neur sidirarria rech					∣ ĝ
12.		ND DIRECTORS		13.			CHANGES TO OFFICER	S AND DIRECTO		1/08
12.	PST	ND DIRECTORS	DELETE	<b>13.</b> 1.1 Π	TLE		CHANGES TO OFFICER		ORS IN 12	5
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CITY-ST-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, with all other like empowered.

SIGNATURE: