## 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 # P97000086026

1. Corporation Name

EMERALD - LANDMARK, INC.

Principal Place of Business

Mailing Address

**FILED** Apr 26 1999 8:00 am Secretary of State



3RD FL. 226 S. PENSAGOLA FL		3 <del>rd Fl.: 226-S. Palafox</del> St. P <del>ensacola fl. 32501 -</del>			i i	DO NOT WR		SPACE		7
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	ace of Business	2a. Mailing Address	,	<b>^</b> . 1	4. FEI Nun			-	Applied For	4
	Sardengate Circle	26 909 Garden Ra	te	Circle	59-347	2003			lot Applicable	4
Suite, Apt #	#, etc. <b>)</b>	Suite, Apt. #, etc.			5. Certifca	te of Status Desired			Adcitional Required	
City & State		City & State 28 Pensacola, I	=	_	1	Campaign Financing and Contribution			May Be I to Fees	
Zip	Country	Zip	Country			poration owes the cui	rent year in a	angible	□No	
24 325i	9. Name and Address of Current			<u></u>		and Address of New	Registered /			7
	3. Maille allo Addit \$5 Of Cuffent	egisteren agent	81	Name			- 0	<u> </u>		1
MAGGIO, R. BRENT -3RD FL., 226-S. PALAFOX-ST. -PENSACOLA FL 32501				Street Add	Garden	Number is Not Accepting	باو	85 Zip	) Coce	
			84	6.7	acola		FL.	1 1 -	2504	l
office or re	to the provisions of Sections 607.0502 egistered agent, or both in the State of m familiar with, and accept the obligation	Florida. Such change was authori	zed by	e-named cor the corpora	rr oration submits	this statement for the rectors. I hereby acce	e purpose of opt the appoir	changing it ntment as r	ts reç istered registered	
SIGNATURE		Total Variable Alore Seat	orad Ago	nt cionature rocu	red when reinstating)		DATE		——	1
12.	Signature, typed or printed name of registered agent		13.	ur signature requi		S/CHANGES TO O		D DIRECT	ORS IN 12	ج ج
TITLE	D OFFICERS AND		1 TITLE		7.00			Change		ปี 3
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14. hereby certify that the information supplied with this filiper 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 suppliemental applied reportly 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 of trusteed empowered to execute this report as required by Chapter £07. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or one antiaching his address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR