

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra G. Martin</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000103310 (3)

1. Corporation Name

EMERALD PARK, INC.

Principal Place of Business

3652 ARTIC CIRCLE  
NAPLES FL 33940-9919

Mailing Address

3652 ARTIC CIRCLE  
NAPLES FL 33940-9919



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1011 Vizcaya lake Rd.		26 1011 Vizcaya lake Rd.		12/08/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 # 109		27 # 109		65-080-5290	
City & State		City & State		Applied For	
23 OCOEE, Florida		28 OCOEE, Florida		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 34761		29 34761		30 USA	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
25 U.S.A		30 USA		Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PALERMO, PETER 3652 ARTIC CIRCLE NAPLES FL 33940-9919				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable

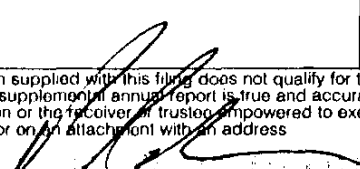
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	PALERMO, PETER	1.2 NAME	
STREET ADDRESS	3652 ARTIC CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940-9919	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 supplement to 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:



March 29/98 407-522-5778

CF2E034 (10/97)