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CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

S20144 **DOCUMENT #**

(9)

EMERALD IMAGE, INC.

Jun 17 1996 8:00 am Secretary of State

FILED

| Principal Place | of Business | Mailing Add | iress | | | | | |
|---|--|------------------|---|---------------------------|----------------------------|--|---------------------------------------|---|
| 8813 THOMAS DR. P.O. BOX 27699 PANAMA CITY BEACH FL 32411 | | P.O. BO) | 8813 THOMAS DR. P.O. BOX 27699 PANAMA CITY BEACH FL 32411 | | | | | |
| FRINKI VI | I DEMONTE SENT | FARMANA | OIT BENON PE 3 | CHLI | | 3. Date Incorporated or Qualified | 3a. Date of La | |
| | | | | | | 12/19/1990 | 1 07/21 | /1995 |
| 2. Principal Pla | ce of Business | 2a. Mailing | Address | | | 4, FEI Number | | Applied For |
| 21 2761-3 | | 26 | | | | 59-3073100 | | Not Applicable |
| Suite, Apt. # | r, etc. | 27 Suite, A | pt. #, etc. | | | 5. Certificate of Status Desired | 1 1 7 1 | 3.75 Additional Fee Required |
| City & State | | City & S | itate | | | 6. Election Campaign Financing | _ \$ | 5.00 May Be |
| 23 | | 28 | | | | Trust Fund Contribution | Ω *, | dded to Fees |
| Zip | · · · · · · · · · · · · · · · · · · · | | Zip Cou | | | 8. This corporation has liability for | | ers 199.032, |
| 24 | 25 | 29 | 30 | | | | □No | |
| | 9. Name and Address of Curre | nt Registered Ag | jent | 81 | Name | 10. Name and Address of New R | legistered Agen | <u> </u> |
| | | | | 81 | Name | | | |
| | r, patrick m. Omas drive | | | | Street Ad | ldress (P.O. Box Number is Not Acceptable) | | |
| | A CITY BEACH FL 32408 | | | | | a ang dandar blad (r. da. da alam 1986). A 1987 dalah 2074 dalah 1984 benyak bada da biba 1985 1987 1987 1987 da abi | | |
| | | | | 84 | City | צרואי, מהיאשוני ביתי היאשונים כי היאשרים לאחר היאים שרוחה. היהי צבר היא שהי בנו אחר צראה בי אי היהיב א שנו הי | Fi 85 | Zip Code |
| or registere | o the provisions of Sections 607,0500 od agent, or both, in the State of Flor in, and accept the obligations of, Sec | id i Such change | was authorized by | above r the corp | named corp oration's bo | oration submits this statement for the pur pard of directors. Thereby accept the app | pose of changing pintment as regis | its registered office fered agent. Fam |
| SIGNATORE _ | Signature. Typed or but but have of recodern Lage . | | ducit Reg | | l signature reg | eed atan resishirgi | DATE | |
| 12. | | D DIRECTORS | Driew. | 13. | т | ADDITIONS/CHANGES TO OFF | | |
| TITLE | PTV | L. |) DELETÉ | 1 1 TIBLE | | | ☐ Cha | inge 🔲 Addition |
| NAME | PFEFFER, PATRICK M. | | 1 | 1.2 NAME | | | | |
| STREET ADDRESS | 8813 THOMAS DRIVE | | 1 | 1.3 STREET | | | | |
| CITY+ST-ZIP TITLE | PANAMA CITY FL | |] DELETE | 1.4 Cr*Y - S 2 1 TITLE | 1 - 219 | | Cha | inge 🗍 Addition |
| NAME | S DEFECTO DATINGS AL | L | j beer te | 2 2 NAME | | | L., 6116 | arige Addition |
| 1 | PFEFFER, PATRICK M. 8813 THOMAS DRIVE | | | 2.3 STREET | 4000 O | | | |
| STREET ADDRESS | PANAMA CITY FL | | | 2.4 OHY - S | | | | |
| CITY - ST - ZIP TITLE | PANAMA CITT FL | |] DELETE | 3 1 1111.8 | 1 - 21r' | | | inge Addition |
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| TITLE | | |] DELETE | 4 1 TITLE | ! . | | Ch. | ange |
| NAME | | | • | 4.2 NAMÉ | | | | · _ |
| STREET ADDRESS | | | | 4.3 STREET | ADDRESS | | | |
| CrtY-St-ZIP | | | | 4.4 CITY - S | | | | |
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| CITY - ST - ZIP | | | | 5.4 Oilly - 9 | | | | |
| TIFLE | | |] DELETE | 6 1 TITLE | | | ☐ Cna | inge 🔲 Addition |
| NAME | | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | | 6.3 STR&ET | ADDRESS | | | |
| CITY-ST-ZIP | | | I | 6.4 CITY - S | T-2(F | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes: I further certify that the information individual do not in sumular report or supplied entail 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 of legal or of the formation or in the true on trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 5 if changels, or origin attaignment with an address.

SIGNATURE: