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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90031 008 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S27586

1. Corporation Name
EMERALD ISLE REALTY, INC.



Principal Place of Business

~~120 E. OAKLAND PARK BLVD~~
~~SUITE 105~~
~~FT. LAUDERDALE FL 33305~~
~~US~~

Mailing Address

~~120 E. OAKLAND PARK BLVD~~
~~STE 105~~
~~FT. LAUDERDALE FL 33305~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1991

4. FEI Number

65-0253852

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 **5900 N.E. 17TH RD**

Suite, Apt. #, etc.

City & State

23 **FT. LAUDERDALE FL**

Zip

24 **33334**

Country

25 **USA**

2a. Mailing Address

26 **5900 N.E. 17TH RD**

Suite, Apt. #, etc.

City & State

28 **FT. LAUDERDALE FL**

Zip

29 **33334**

Country

30 **U.S.A.**

9. Name and Address of Current Registered Agent

~~BRENDAN O'CONNOR~~
5900 N E 17TH ROAD
SUITE 216
FT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name **ELAINE O'CONNOR**

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

5900 N.E. 17TH ROAD

83

84

City **FT. LAUDERDALE**

FL

85 Zip Code

33334

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

TITLE ☒ DELETE

NAME **O'BONNOR, BRENDAN**

STREET ADDRESS **5900 N.E. 17TH RD**

CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME **ELAINE J. O'CONNOR**

STREET ADDRESS **5900 N.E. 17TH RD**

CITY-ST-ZIP **FT LAUDERDALE FL 33334**

TITLE ☐ DELETE

NAME **BRIAN O'CONNOR**

STREET ADDRESS **5900 N.E. 17TH RD**

CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☒ Addition

☒ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Elaine O'Connor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 8, 1999

(954) 491-5119

Date

Daytime Phone #

CR2E034 (11/98)