

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S79977** (2)

1. Corporation Name

EMERALD MANAGEMENT, INC.

Principal Place of Business

**401 W COLONIAL DR
STE 7
ORLANDO FL 32804
US**

Mailing Address

**401 W COLONIAL DR
STE 7
ORLANDO FL 32804
US**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

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Zip

Country

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2a. Mailing Address

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Suite, Apt. #, etc.

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City & State

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Zip

Country

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9. Name and Address of Current Registered Agent

**ALLEN, THOMAS R
390 N ORANGE AVE
SUITE 1300
ORLANDO FL 32801**

3. Date Incorporated or Qualified

09/13/1991

3a. Date of Last Report

04/07/1995

4. FEI Number

59-3088883

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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, or both, if applicable

Signature typed or printed name of registered agent, or both, if applicable

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**D. J. FANT
FANT, JAMES
401 W COLONIAL DR, STE 7
ORLANDO FL**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES H. FANT

4/24/96 (407) 425-8276

Date

Daytime Phone #

CR2E034 (12/95)