

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra E. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 11:26:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F11459** (7)

1. Corporation Name:
PEMBROS DEVELOPERS, INC.

Principal Place of Business: **505 N. ATLANTIC BLVD. FT. LAUDERDALE FL 33304**
Mailing Address: **505 N. ATLANTIC BLVD. FT. LAUDERDALE FL 33304**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/22/1980	3a. Date of Last Report 02/22/1994
4. FEI Number 59-2099966	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. The corporation has liability for intangible tax under 219.04, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
State, Apt. #, etc. 22	State, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Zip 30

9. Name and Address of Current Registered Agent

**MAURER, SUSAN
PANZA & MAURER
3081 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308**

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 607.0912 and 607.1508, Florida Statutes, the above named corporation submits the 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0909, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	RISBERGS, JAMIS
STREET ADDRESS	505 N. ATLANTIC BLVD. FT. LAUDERDALE FL
CITY, ST, ZIP	
TITLE	V/T/S
NAME	MAURER, LAURENCE A.
STREET ADDRESS	505 N. ATLANTIC BLVD. FT. LAUDERDALE FL
CITY, ST, ZIP	
TITLE	TS
NAME	RISBERGS, PETER
STREET ADDRESS	505 N. ATLANTIC BLVD. FT. LAUDERDALE FL
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	PRESIDENT / DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	John P. Day	
13. STREET ADDRESS	505 N. Atlantic Blvd.	
14. CITY, ST, ZIP	Ft. Lauderdale, FL 33304	
15. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME		
17. STREET ADDRESS		
18. CITY, ST, ZIP		
19. TITLE	Patricia S. Flavin / Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	Chairman of the Board	
21. STREET ADDRESS	505 N. Atlantic Blvd.	
22. CITY, ST, ZIP	Ft. Lauderdale, FL 33304	
23. TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
24. NAME	Robert Gill	
25. STREET ADDRESS	505 N. Atlantic Blvd.	
26. CITY, ST, ZIP	Ft. Lauderdale, FL 33304	
27. TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
28. NAME	Tim Howard	
29. STREET ADDRESS	505 N. Atlantic Blvd.	
30. CITY, ST, ZIP	Ft. Lauderdale, FL 33304	
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY, ST, ZIP		
35. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
36. NAME		
37. STREET ADDRESS		
38. CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 199.04(9)(b), Florida Statutes. I further certify that the information is not used on this annual report or supplemental annual report as 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 transfer agent responsible to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, changed or corrected attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laurence A. Maurer
Laurence A. Maurer

5/5/95 (305) 564-1471