

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **12/22/1980**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2099866**  
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

2. Principal Place of Business: 21, 22, 23  
2a. Mailing Address: 26, 27, 28  
24. Zip: 25, 29, 30  
Country: 25, 29

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MAURER, SUSAN  
PANZA & MAURER  
~~3807 E. COMMERCIAL BLVD.~~ 3600 N. FEDERAL HWY.  
FT. LAUDERDALE FL 33308**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAY, JOHN P	
STREET ADDRESS	505 N. ATLANTIC BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	<del>MS-517</del>	<input type="checkbox"/> DELETE
NAME	MAURER, LAURENCE A.	
STREET ADDRESS	505 N. ATLANTIC BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	COB/D	<input type="checkbox"/> DELETE
NAME	FLAVIN, PATRICK J	
STREET ADDRESS	505 N. ATLANTIC BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILL, ROBERT	
STREET ADDRESS	505 N. ATLANTIC BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<del>BOWARD, TIM</del>	
STREET ADDRESS	<del>505 N. ATLANTIC BLVD.</del>	
CITY-ST-ZIP	<del>FT. LAUDERDALE FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>900001836179</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>-05/23/96--01013--018</b>
4.3 STREET ADDRESS	<b>***200.00</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>RUSSELL REED - DIRECTOR</b>
5.3 STREET ADDRESS	<b>3636 SPRING TRACE</b>
5.4 CITY-ST-ZIP	<b>DECATUR, GA.</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **3/22/96** (305) 564-1471

CR2E034 (12/95)

*5-1-9602*