

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K36478** (1)

1. Corporation Name
THE ESTATES AT EMBASSY LAKES, INC.

Principal Place of Business Mailing Address
% PETER M. HODKIN **% PETER M. HODKIN**
2200 W. COMMERCIAL BLVD., SUITE 302 **2200 W. COMMERCIAL BLVD., SUITE 302**
FT. LAUDERDALE FL 33309 **FT. LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	09/23/1988	02/15/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0095374	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	29	30
Country	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
HODKIN, PETER M. 2200 WEST COMMERCIAL BLVD. SUITE 302 FT. LAUDERDALE FL 33309		B1	Name	
		B2	Street Address (P.O. Box Number is Not Acceptable)	
		B3		
		B4	City	FL

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, ANDREW	1 2 NAME	
STREET ADDRESS	3525 WASHINGTON LANE	1 3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	1 4 CITY-ST-ZIP	
TITLE	DVP	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, STEVEN	2 2 NAME	
STREET ADDRESS	3525 WASHINGTON LANE	2 3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	2 4 CITY-ST-ZIP	
TITLE	DP	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, STUART	3 2 NAME	
STREET ADDRESS	3525 WASHINGTON LANE	3 3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	3 4 CITY-ST-ZIP	
TITLE	DVP	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, MELVIN	4 2 NAME	
STREET ADDRESS	3525 WASHINGTON LANE	4 3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	4 4 CITY-ST-ZIP	
TITLE	DVP	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, IRWIN	5 2 NAME	
STREET ADDRESS	3525 WASHINGTON LANE	5 3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	5 4 CITY-ST-ZIP	
TITLE	DS	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, DAVID	6 2 NAME	
STREET ADDRESS	3525 WASHINGTON LANE	6 3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	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 110.07(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 not attached with an address.

SIGNATURE: _____ Andrew Zuckerman 4/17/95 (305) 752-4700