

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
 May 06 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K36478

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

Principal Place of Business Mailing Address
~~40 PETER M. HODKIN~~ ~~40 PETER M. HODKIN~~
~~2200 W. COMMERCIAL BLVD, STE 302~~ ~~2200 W COMMERCIAL BLVD, STE 302~~
~~FT LAUDERDALE, FL 33309~~ ~~FT LAUDERDALE, FL 33309~~

8. Date incorporated or Qualified 9/23/88 8a. Date of Last Report 4/30/96
 4. FEI Number 65-0095374 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 2a. Mailing Address
 21 6650 N.W. 41 Street 2a 6650 N.W. 41 Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Coral Springs, FL 28 Coral Springs, FL
 24 Zip 33067 26 Country Broward 29 Zip 33067 30 Country Broward

9. Name and Address of Current Registered Agent
 HODKIN, PETER M.
 2200 WEST COMMERCIAL BLVD.
 SUITE 302
 FT. LAUDERDALE, FL 33309

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D/P	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ZUCKERMAN, ANDREW		1.2 NAME				
STREET ADDRESS	3525 WASHINGTON LANE		1.3 STREET ADDRESS	6650 NW 41 Street			
CITY - ST - ZIP	COOPER CITY, FL		1.4 CITY - ST - ZIP	Coral Springs, FL 33067			
TITLE	D/P/V	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ZUCKERMAN, STEVEN		2.2 NAME				
STREET ADDRESS	3525 WASHINGTON LANE		2.3 STREET ADDRESS	6650 NW 41 Street			
CITY - ST - ZIP	COOPER CITY, FL		2.4 CITY - ST - ZIP	Coral Springs, FL 33067			
TITLE	D/T	<input checked="" type="checkbox"/> DELETE	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	D/V/P	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ZUCKERMAN, MELVIN		4.2 NAME				
STREET ADDRESS	3525 WASHINGTON LANE		4.3 STREET ADDRESS	6650 NW 41 Street			
CITY - ST - ZIP	COOPER CITY, FL		4.4 CITY - ST - ZIP	Coral Springs, FL 33067			
TITLE	D/V/P	<input checked="" type="checkbox"/> DELETE	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	80000217 F158			
CITY - ST - ZIP	COOPER CITY, FL		5.4 CITY - ST - ZIP	-05/13/97--01091--023 ***165.00			
TITLE	D/S	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ZUCKERMAN DAVID		6.2 NAME				
STREET ADDRESS	3525 WASHINGTON LANE		6.3 STREET ADDRESS	6650 NW 41 Street			
CITY - ST - ZIP	COOPER CITY, FL		6.4 CITY - ST - ZIP	Coral Springs, FL 33067			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 as an attachment with an address.

SIGNATURE: _____ Date: 4-29-97 Daytime Phone #: 954-752-4700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034 (9/96)

6-97