


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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

08 JUL 30 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K36478** (1)
1. Corporation Name
THE ESTATES AT EMBASSY LAKES, INC.



Principal Place of Business Mailing Address
6650 NW 41ST STREET CORAL SPRINGS FL 33067 **6650 NW 41ST STREET CORAL SPRINGS FL 33067**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6351 San Michel Way		2a. Mailing Address 26 6351 San Michel Way		3. Date Incorporated or Qualified 09/23/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0095374	
City & State 23 Delray Beach, FL		City & State 28 Delray Beach, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33484		Zip 29 33484		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Name and Address of Current Registered Agent HODKIN, PETER M. 2200 W 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	

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 relating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, ANDREW	1.2 NAME	
STREET ADDRESS	6650 NW 41ST STREET	1.3 STREET ADDRESS	6351 San Michel Way
CITY-ST-ZIP	CORAL SPRINGS FL 33067	1.4 CITY-ST-ZIP	Delray Beach, FL 33484
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, STEVEN	2.2 NAME	
STREET ADDRESS	6650 NW 41ST STREET	2.3 STREET ADDRESS	6351 San Michel Way
CITY-ST-ZIP	CORAL SPRINGS FL 33067	2.4 CITY-ST-ZIP	Delray Beach, FL 33484
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, MELVIN	3.2 NAME	
STREET ADDRESS	6650 NW 41ST STREET	3.3 STREET ADDRESS	6351 San Michel Way
CITY-ST-ZIP	CORAL SPRINGS FL 33067	3.4 CITY-ST-ZIP	Delray Beach, FL 33484
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, DAVID	4.2 NAME	
STREET ADDRESS	6650 NW 41ST STREET	4.3 STREET ADDRESS	6351 San Michel Way
CITY-ST-ZIP	CORAL SPRINGS FL 33067	4.4 CITY-ST-ZIP	Delray Beach, FL 33484
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **6-30-98**

CR2E034 (10/97)