

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L61000** (0)

1. Corporation Name
EMBASSY ESTATES, INC.

Principal Place of Business Mailing Address
% PETER M. HOOKIN **% PETER M. HOOKIN**
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.

3. Date Incorporated or Qualified **03/27/1990** 3a. Date of Last Report **02/15/1994**
4. FEI Number **65-0190729** 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 § 199 (3)(2) Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

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

12. OFFICERS AND DIRECTORS

TITLE	B-
NAME	ZUCKERMAN, IRWIN
STREET ADDRESS	3525 WASHINGTON LANE
CITY - ST - ZIP	COOPER CITY FL
TITLE	DP
NAME	ZUCKERMAN, ANDREW
STREET ADDRESS	3525 WASHINGTON LANE
CITY - ST - ZIP	COOPER CITY FL
TITLE	DS
NAME	ZUCKERMAN, DAVID
STREET ADDRESS	3525 WASHINGTON LANE
CITY - ST - ZIP	COOPER CITY FL
TITLE	DV
NAME	ZUCKERMAN, MELVIN
STREET ADDRESS	3525 WASHINGTON LANE
CITY - ST - ZIP	COOPER CITY FL
TITLE	BT
NAME	ZUCKERMAN, STUART
STREET ADDRESS	3525 WASHINGTON LANE
CITY - ST - ZIP	COOPER CITY FL
TITLE	DV
NAME	ZUCKERMAN, STEVEN
STREET ADDRESS	3525 WASHINGTON LANE
CITY - ST - ZIP	COOPER CITY FL

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	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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 trustee 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 checked, or on a separate sheet with an address.

SIGNATURE: Andrew Zuckerman (305) 752-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr)