

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

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000048845 (0)**  
 1. Corporation Name  
**SUNSET POINTE AT SILVER LAKES ASSOCIATES, INC.**



Principal Place of Business <b>1240 SW 177 TERR                  PEMBROKE PINES FL 33029                  US</b>	Mailing Address <b>1240 SW 177 TERR                  PEMBROKE PINES FL 33029                  US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/13/1993**

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number <b>65-0443073</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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	

9. Name and Address of Current Registered Agent  
**HODKIN, PETER M  
 2200 WEST COMMERCIAL BLVD.-  
 SUITE 802  
 FORT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable) <b>2101 W. Commercial Blvd.</b>	
83 <b>Suite 4100</b>	
84 City	<b>FL</b>

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 607.0905, Florida Statutes.

SIGNATURE *[Signature]* *[Signature]* **4/23/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZUCKERMAN, DAVID</b>	1.2 NAME	
STREET ADDRESS	<b>1011 NW 121 TERR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZUCKERMAN, ANDREW</b>	2.2 NAME	
STREET ADDRESS	<b>7610 N CYPRESS HEAD DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PARKLAND FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEVY, MICHAEL</b>	3.2 NAME	<b>D Steven Zuckerman</b>
STREET ADDRESS	<b>1554 NW 182 AVE</b>	3.3 STREET ADDRESS	<b>1233 S.W. 177th Terrace</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	3.4 CITY-ST-ZIP	<b>Pembroke Pines, FL 33029</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEVY, RONALD</b>	4.2 NAME	<b>D Melvin Zuckerman</b>
STREET ADDRESS	<b>1550 N.E. MIAMI GARDENS DRIVE</b>	4.3 STREET ADDRESS	<b>1233 S.W. 177th Terrace</b>
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33179</b>	4.4 CITY-ST-ZIP	<b>Pembroke Pines, FL 33029</b>
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: *[Signature]* *[Signature]* **Pres. 2-4-98** **95A-752-4700**

CR2E034 (10/97)