

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

INCORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

APPROVED
FILED

MAY 1 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **721839** (9)

EMBASSY TOWER II, INC.

2715 N. OCEAN BLVD FT LAUDERDALE FL 33308		2715 N. OCEAN BLVD FT LAUDERDALE FL 33308		3. Effective Date of Occurrence 10/06/1971	3a. Date of Last Report 02/15/1994
21. Principal Office Address		2a. Mailing Address		4. FLS Number 59-1457703	Applied For <input type="checkbox"/> Not Applicable
22. State Addressed		27. State Addressed		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State		28. City & State		6. Director's Certificate Exempting From Franchise Fee <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip		29. Zip		7. Nonprofit with IRS Section 1361 Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
25. County		30. County		8. Does corporation have liability for intangible tax under § 191.03(2), 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			
GELLER, ELAINE B V.I.P. MANAGEMENT CORP. 2531 ARAGON BLVD SUNRISE FL 33022				81. Name	ERNEST A. MAIELLO		
				82. Street Address, P.O. Box Number, or Not Applicable	2715 N. OCEAN BLVD., #15-E		
				83. City	FORT LAUDERDALE		
				84. State	85. Zip Code	FL 33308	

11. Pursuant to the provisions of Sections 607.01 and 607.02, 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 Sections 607.01 and 607.02, Florida Statutes.

SIGNATURE: **ERNEST A. MAIELLO, PRESIDENT** *Ernest A. Maiello* 04/27/95

12. OFFICERS AND DIRECTORS		13. Additional Officers and Directors	
NAME	P MAIELLO, ERNEST A. 2715 N OCEAN BLVD FT LAUD FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP VECCHIONE, FRANK 2715 N OCEAN BLVD FT LAUD FL	NAME	XX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T CARDELLA, JOSEPH 2715 N OCEAN BLVD FT LAUD FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S HOYNACKY, PHYLLIS 2715 N OCEAN BLVD FT LAUD FL	NAME	XX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MOSS, JOEL 2715 N. OCEAN BLVD. FT LAUD FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D URICH, TED 2715 N. OCEAN BLVD. FT LAUD FL	NAME	XX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S DR. EDWIN SCHNEIDER 2715 N. OCEAN BLVD., #14-A FT LAUD FL 33308	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WILLIAM BARTUCE 2715 N. OCEAN BLVD., # 11-C FT LAUD FL 33308	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is complete, accurate and correct and equally for the incorporation of the law firm of Ernest A. Maiello, P.A. in the State of Florida. I do hereby certify that the information included in the annual report of supplemental annual report, true and accurate and that my signature shall bear the same responsibility as if made under oath. That I am qualified to sign for the corporation of the business and that I am authorized to sign for the corporation of the business and that my signature shall bear the same responsibility as if made under oath.

SIGNATURE: **ERNEST A. MAIELLO, PRESIDENT** *Ernest A. Maiello* 4/26/95 (305) 564-2166