

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 721839 (9)

1. Corporation Name
EMBASSY TOWER II, INC.



Principal Place of Business: 2715 N. OCEAN BLVD. FT LAUDERDALE FL 33308
Mailing Address: 2715 N. OCEAN BLVD. FT LAUDERDALE FL 33308

3. Date Incorporated or Qualified: 10/06/1971
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-1457703	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

ERNEST A. MAIELLO
2715 N. OCEAN BLVD
15-E
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAIELLO, ERNEST A.	1.2 NAME	
STREET ADDRESS	2715 N OCEAN BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUD FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHYLLIS HOYNACHKY	2.2 NAME	VP
STREET ADDRESS	2715 N. OCEAN BLVD., #6-D	2.3 STREET ADDRESS	WILLIAM BARTUCE
CITY-ST-ZIP	FT LAUD FL	2.4 CITY-ST-ZIP	2715 N. Ocean Blvd., 11-C
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDELLA, JOSEPH	3.2 NAME	
STREET ADDRESS	2715 N OCEAN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUD FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. EDWIN SCHNEIDER	4.2 NAME	S
STREET ADDRESS	2715 N. OCEAN BLVD., #14-A	4.3 STREET ADDRESS	BERTRAND MOREAU
CITY-ST-ZIP	FT LAUD FL	4.4 CITY-ST-ZIP	2715 N. Ocean Blvd., 8-A
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, JOEL	5.2 NAME	
STREET ADDRESS	2715 N. OCEAN BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUD FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM BARTUCE	6.2 NAME	D
STREET ADDRESS	2715 N. OCEAN BLVD., #11-C	6.3 STREET ADDRESS	ANN CLARK
CITY-ST-ZIP	FT LAUD FL	6.4 CITY-ST-ZIP	2715 N. Ocean Blvd., 14-C

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ERNEST A. MAIELLO, President Date: May 1, 1996 (954) 564-2166 Daytime Phone #

CR2E037 (12/95)