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Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
10/06/1971

4. FEI Number
59-1457703

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

COWAN, ALEX - PRESIDE
2715 N OCEAN BLVD, PH-D
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name	JOEL W. MOSS, PRESIDENT
82 Street Address (P.O. Box Number is Not Acceptable)	2715 N OCEAN BLVD., 18-C
83	FT LAUDERDALE FL 33308
84 City	FT LAUDERDALE FL
85 Zip Code	33308

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 *Joel W. Moss* **JOEL W. MOSS, President** **March 5, 1998**

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

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	COWAN, ALEX
STREET ADDRESS	2715 N OEAN BLVD, #PHD
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	HOYNACKY, PHYLLIS
STREET ADDRESS	2715 N OCEAN BLVD
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	CARDELLA, JOSEPH
STREET ADDRESS	2715 N OCEAN BLVD
CITY-ST-ZIP	FT LAUD FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	KAYE, MICHAEL
STREET ADDRESS	2715 N OCEAN BLVD, 17-E
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	RENNIE, ALPHONSO
STREET ADDRESS	NELLIE HILL
CITY-ST-ZIP	DOVER PLAINS NY
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CLARK, ANN
STREET ADDRESS	2715 N. OCEAN CIRCLE 14-C
CITY-ST-ZIP	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COWAN, ALEX
1.3 STREET ADDRESS	24321 BERKLEY
1.4 CITY-ST-ZIP	OAK PARK MI 48237-1677
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	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JOEL W. MOSS
6.3 STREET ADDRESS	2715 N OCEAN BLVD., 18-C
6.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308

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

SIGNATURE: *Joel W. Moss* **3/6/98** **(564) 564-2166**

CR2E037 (10/97)