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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721839

1. Corporation Name

EMBASSY TOWER II, INC.

176690-90117-27



Principal Place of Business

2715 N. OCEAN BLVD.
FT LAUDERDALE FL 33308

Mailing Address

2715 N. OCEAN BLVD.
FT LAUDERDALE FL 33308

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
10/06/1971

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1457703

Applied For
Not Applicable

23 City & State

27 City & State

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

24 Zip

25 Country

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOSS, JOEL W
2715 N OCEAN BLVD, PH-D-18-C
FT LAUDERDALE FL 33308

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 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

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 PD
NAME COWAN, ALEX
STREET ADDRESS 24321 BERKLEY
CITY-ST-ZIP OAK PARK MI 48237
 DELETE

1.1 TITLE D Change Addition
1.2 NAME COWAN, ALEX
1.3 STREET ADDRESS 24321 BERKLEY
1.4 CITY-ST-ZIP OAK PARK MI 48237

TITLE VPD
NAME HOYNACKY, PHYLLIS
STREET ADDRESS 2715 N OCEAN BLVD
CITY-ST-ZIP FT LAUDERDALE FL
 DELETE

2.1 TITLE V/D Change Addition
2.2 NAME MONTESEDEOCA, RAMIREZ RAMIRO
2.3 STREET ADDRESS 2715 N Ocean Blvd#14-E
2.4 CITY-ST-ZIP Ft Lauderdale FL 33308

TITLE T
NAME CARDELLA, JOSEPH
STREET ADDRESS 2715 N OCEAN BLVD
CITY-ST-ZIP FT LAUD FL
 DELETE

3.1 TITLE D Change Addition
3.2 NAME CARDELLA, JOSEPH
3.3 STREET ADDRESS 400 N MYERS ST#18
3.4 CITY-ST-ZIP OCEANSIDE CA 92054

TITLE SD
NAME KAYE, MICHAEL
STREET ADDRESS 2715 N OCEAN BLVD, 17-E
CITY-ST-ZIP FT LAUDERDALE FL
 DELETE

4.1 TITLE S/T/D Change Addition
4.2 NAME CLARK, ANN
4.3 STREET ADDRESS 2715 N OCEAN BLVD#14-C
4.4 CITY-ST-ZIP FT LAUDERDALE FL: 33308

TITLE D
NAME RENNIE, ALPHONSO
STREET ADDRESS NELLIE HILL
CITY-ST-ZIP DOVER PLAINS NY
 DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE PD
NAME MOSS, JOEL W
STREET ADDRESS 2415 N OCEAN BLVD, #18-C
CITY-ST-ZIP FT. LAUDERDALE FL 33308
 DELETE

6.1 TITLE P/D Change Addition
6.2 NAME MOSS, JOEL W
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, with all other like empowered.

JOEL W. MOSS, PRESIDENT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99 954-340-266
Date Daytime Phone #

CR2E037 (11/98)