72183°

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Embassy Tower II, Inc.	
2715 N. Ocean Boulevard Fort Lauderdale, Florida 33308	
City/State/Lip	
CORPORATION NAME(S) & DOCUMENT	NU

Office Use Only

MBER(S), (if known):

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Walk in	Pick up time		Certified Copy
Mail out	Will wait	Photocopy	Certificate of Status

NEW FILINGS		
	Profit	
	NonProfit	
	Limited Liability	
	Domestication	
	Other	

AMENDMENTS
 Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
 Dissolution/Withdrawal
Merger

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OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

9 ASTAIN	REGISTRATION/- QUALIFICATION-
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials

Florida Department of State, Jlm Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

sign he f ooth	Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the under- igned corporation organized under the laws of the State of Florida , submits he following statement in order to change its registered office or registered agent, or both, in the State of Florida.		
1. 7	ne name of the corporation is:		
	Date of incorporation10/06/1971Document number #721839		
2.	The name and address of the current registered agent and office: Moss, Joel W., 2715 North Ocean Blvd., #18-C, Fort Lauderdale,		
	FL 33308		
3.	ne name and address of the new registered agent and office: (P.O. Box Not Acceptable) KAYE & ROGER, P.A. 6261 N.W. 6th Way Suite 103		
	Fort Lauderdale, FL 33309 AA N		
of	street address of its registered agent and the street address of the business offices registered agent as changed, will be identical. The change was authorized by resolution duly adopted by its board of directors or by officer so authorized by the board. SIGNATURE (name and title)		
PI IN Al	VING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF OCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED ENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT E OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE (Registered Agent)		
	DATE 3-8-99		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-90)

FILING FEE: \$35.00