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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F11459 (7)

1. Corporation Name
PEMBROS DEVELOPERS, INC.

Principal Place of Business
505 N. ATLANTIC BLVD.
FT. LAUDERDALE FL 33304

Mailing Address
505 N. ATLANTIC BLVD.
FT. LAUDERDALE FL 33304-4109



3. Date Incorporated or Qualified 12/22/1980
3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2099866	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country		
24	25	29	30

9. Name and Address of Current Registered Agent

MAURER, SUSAN
PANZA & MAURER
3800 N. FEDERAL HIGHWAY
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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, JOHN P	1.2 NAME	
STREET ADDRESS	505 N. ATLANTIC BLVD.	1.3 STREET ADDRESS	
CITY- ST- ZIP	FT. LAUDERDALE FL	1.4 CITY- ST- ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAURER, LAURENCE A.	2.2 NAME	
STREET ADDRESS	505 N. ATLANTIC BLVD.	2.3 STREET ADDRESS	
CITY- ST- ZIP	FT. LAUDERDALE FL	2.4 CITY- ST- ZIP	
TITLE	COBO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAVIN, PATRICK J	3.2 NAME	
STREET ADDRESS	505 N. ATLANTIC BLVD.	3.3 STREET ADDRESS	
CITY- ST- ZIP	FT. LAUDERDALE FL	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILL, ROBERT	4.2 NAME	
STREET ADDRESS	505 N. ATLANTIC BLVD.	4.3 STREET ADDRESS	
CITY- ST- ZIP	FT. LAUDERDALE FL	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, RUSSELL	5.2 NAME	BOWDEN, RAY
STREET ADDRESS	3636 SPRING TRACE	5.3 STREET ADDRESS	3636 SPRING TRACE
CITY- ST- ZIP	DECATUR GA	5.4 CITY- ST- ZIP	DECATUR, GA
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97 (954) 564-1471

Date Daytime Phone #

0280082

CR2E034 (9/96)