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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F11459

1. Corporation Name

PEMBROS DEVELOPERS, INC.

Principal Place of Business Mailing Address					1 1001)100 1101 11011 11011 11011 0111 0111	11 G IB11 B1B11 B1G11 G1	
505 N.ATLANTIC BLVD. FT. LAUDERDALE FL 33304 505 N.ATLANTIC BLVD. FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304				DO NOT WRITE IN TH	IS SPACE		
					3. Date Incorporated or Qualifed		
					12/22/1980		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Apr	olied For	
21 26				59-2099866		Applicable	
Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
		27				Fee Red	·
, ·		City & State	ity & State		6. Election Campaign Financing	\$5.00 i Added to	
Zip Country		28 Zin	Zip Country		Trust Fund Contribution		11662
24	25	`	30		This corporation owes the current year Personal Property Tax.		□No
24]	9. Name and Address of Curren	·	30		10. Name and Address of New Registere		
			81	Name			
BULFIN, ROBERT M				Street Ade	dress (P.O. Box Number is Not Acceptable)		
2826 E. OAKLAND PARK BLVD.			82	Street Aut	gress (F.O. box Number is Not Acceptable)		
SECOND FLOOR			83				
FT. LAUDERDALE FL 33306			84	City		. 85 Zip C	ode
			1 1	·	F	L	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above	-named cor	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its	registered
agent. I a	n familiar with, and accept the obligation	tions of, Section 607.0505, Flori	ida Statutes.	ile colporat	lion's board of directors. Thereby accept the ap-	Jonnament as reg	Jistorou
SIGNATURE							•
Signature, typed or printed name of registered agent and title if applicable. (NOTE:				signature requi	red when reinstating) DATE	AND DIDEOTOL	DO IN 40
12.	PD OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
1	1.T	- OCEC12	1,2 NAME	ĺ		□ overigo	
NAME	DAY, JOHN P 505 N. ATLANTIC BLVD.		1,3 STREET	ADOBECC			
STREET ADDRESS	FT. LAUDERDALE FL 33304			-			
CITY-ST-ZIP TITLE	SE SECRETARY	☐ DELETE	1.4 CITY-ST-ZIP			Change	Addition
NAME	MAURER, LAURENCE A		2.2 NAME			 5	_
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST				
TITLE	COBD , V-P.	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	FLAVIN, PATRICK J		3.2 NAME				ļ
STREET ADDRESS	505 N. ATLANTIC BLVD.		3,3 STREET	ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		3.4 CITY-ST	-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME,	GILL, ROBERT		4. 2 NAME				Ì
STREET ADDRESS	505 N. ATLANTIC BLVD.		4,3 STREET	ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		4.4 CITY- ST-ZIP				
TITLE	-0	DELETE	51 TITLE		EED, KUSSELL - DILLETON	☐ Change	Addition
NAME	DONOEN, INF		5.2 NAME	3	998 KINGS BROOK WLOD		
STREET ADDRESS	SOLES GOOD OF THIT TO THE PARTY OF THE PARTY		5.3 STREET	ADDRESS	EED, RUSSELL - DIRECTOR 998 KINGS BROOK BLUD DECATUR, GM 30034		
CITY-ST-ZIP	DECATUR GA		54 CITY-ST-	ZIP	THURSE V. R.		
TITLE		☐ DELETE	6.1 TITLE	1 1	ASASURUL V	Change	Addition

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 607, 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Ft. Loudersone,

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NG OFFICER OR DIRECTOR

(254) 564-1471