

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F71870** (2)

1. Corporation Name  
**PROMENADE OF CORAL SPRINGS, INC**



Principal Place of Business

3079 NE 163RD STREET  
P.O. BOX 630817  
NORTH MIAMI BEACH FL 33160  
US

Mailing Address

P O BOX 630817  
P.O. BOX 630817  
MIAMI FL 33163  
US

3. Date Incorporated or Qualified  
**03/08/1982**

3a. Date of Last Report  
**02/21/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

4. FEI Number

**59-2276672**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AZOUT, JACK  
3802 NE 207TH STREET  
SUITE 1502  
NO MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**PREMIER ASSET MANAGEMENT, INC.**  
**2100 Park Central Boulevard North**  
**SUITE 900**  
**POMPANO BEACH** **FL** 85 Zip Code  
**33064**

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

Signature, type or printed name of registered agent and the filer (applicable)

(If/All: Registered Agent Signature required when re-registering)

DATE

| 12. OFFICERS AND DIRECTORS |                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                             |
|----------------------------|-----------------------------|---|-----------------------------|
| TITLE                      | PD                          | 1.1 TITLE   | PD                          |
| NAME                       | AZOUT, JACK                 | 1.2 NAME  | AZOUT, JACK                 |
| STREET ADDRESS             | 3802 NE 207TH STREET, #1502 | 1.3 STREET ADDRESS                                    | 3802 NE 207th ST. STE#1502  |
| CITY-ST-ZIP                | NORTH MIAMI BEACH FL        | 1.4 CITY-ST-ZIP                                       | NORTH MIAMI BEACH, FL 33180 |
| TITLE                      | SD                          | 2.1 TITLE   | SD                          |
| NAME                       | AZOUT, GILDA                | 2.2 NAME  | AZOUT, GILDA                |
| STREET ADDRESS             | 3802 NE 207TH STREET, #1502 | 2.3 STREET ADDRESS                                    | 3802 NE 207th ST. STE#1502  |
| CITY-ST-ZIP                | NORTH MIAMI BEACH FL        | 2.4 CITY-ST-ZIP                                       | NORTH MIAMI BEACH, FL 33180 |
| TITLE                      |                             | 3.1 TITLE   |                             |
| NAME                       |                             | 3.2 NAME  |                             |
| STREET ADDRESS             |                             | 3.3 STREET ADDRESS                                    |                             |
| CITY-ST-ZIP                |                             | 3.4 CITY-ST-ZIP                                       |                             |
| TITLE                      |                             | 4.1 TITLE   |                             |
| NAME                       |                             | 4.2 NAME  |                             |
| STREET ADDRESS             |                             | 4.3 STREET ADDRESS                                    |                             |
| CITY-ST-ZIP                |                             | 4.4 CITY-ST-ZIP                                       |                             |
| TITLE                      |                             | 5.1 TITLE   |                             |
| NAME                       |                             | 5.2 NAME  |                             |
| STREET ADDRESS             |                             | 5.3 STREET ADDRESS                                    |                             |
| CITY-ST-ZIP                |                             | 5.4 CITY-ST-ZIP                                       |                             |
| TITLE                      |                             | 6.1 TITLE   |                             |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

2/04/96

935-5175

CR2E034 (12/95)