

294 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 # **G42888** (9)

1. Corporation Name

DCA AT PEMBROKE POINTE, INC.



Principal Place of Business

% MORRIS J. WATSKY, ESQ.
700 NW 107TH AVENUE 4TH FLOOR
MIAMI FL 33172

Mailing Address

% MORRIS J. WATSKY, ESQ.
700 NW 107TH AVENUE 4TH FLOOR
MIAMI FL 33172

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified
06/06/1983

3a. Date of Last Report
05/01/1995

4. FEL Number

59-2298128

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

10. Name and Address of New Registered Agent

**WATSKY, MORRIS J., ESQ.
700 NW 107TH AVENUE
4TH FLOOR
MIAMI FL 33172**

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

Signature, typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE **DC** ☐ DELETE
NAME **MILLER, LEONARD**
STREET ADDRESS **700 N.W. 107TH AVE**
CITY- ST- ZIP **MIAMI FL**

TITLE **VD** ☐ DELETE
NAME **BOLOTIN, IRVING**
STREET ADDRESS **700 N.W. 107TH AVE**
CITY- ST- ZIP **MIAMI FL**

TITLE **VD** ☐ DELETE
NAME **PEKOR, ALLAN J.**
STREET ADDRESS **700 N.W. 107TH AVE**
CITY- ST- ZIP **MIAMI FL**

TITLE **AS** ☐ DELETE
NAME **SIERRA, KATHLEEN E.**
STREET ADDRESS **700 N.W. 107TH AVE**
CITY- ST- ZIP **MIAMI FL**

TITLE **VT** ☐ DELETE
NAME **SALEDA, M.E.**
STREET ADDRESS **700 N.W. 107TH AVE**
CITY- ST- ZIP **MIAMI FL**

TITLE **AS** ☐ DELETE
NAME **WATSKY, MORRIS**
STREET ADDRESS **700 N.W. 107TH AVE**
CITY- ST- ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

300001809777
-03/06/96--9149--030
*****200.00**

300001811243
-05/07/96--01089--030
*****200.00**

229-6400

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 person 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:

Kathleen E. Sierra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96
Date

(305) 229-6400
Daytime Phone #

CR2E034 (12/95)