

## 668990

November 26, 1997

Florida Department of State Jim Smith – Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Dear Mr. Smith:

## Re: Statement of Change of Registered Agent for Corporations

Enclosed herewith are executed applications for Change of Registered Agent along with our cheque in the sum of \$1,995.00 representing the requisite fee applicable for filing. We look forward to acknowledgement said change in due course.

Kind regards.

Yours sincerely,

300002386283---5 -12/30/97--01082--001 \*\*\*1680.00 \*\*\*\*\*35.00

Shiona J. Creary Legal Assistant :sic

.sjo

Encl./

Megalo Maria

## Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	The name of the corporation is:	Parkview at Pembrok	e Pointe, Inc.	<del></del> -	
1a.	Date of incorporation11/10/83	ate of incorporation		G68990	
2.	The name and address of the current registered agent and office:				
	Morris Watsky, 700 NW 107 Ave., M	<u> </u>	SECRE TALLAH,	9 <b>7</b> 0E0	
3.	The name and address of the new region (P.O. Box Not Acceptable)	istered agent and office:	MAY OF SI NSSEE, FLO	24 PH	
	Shelly Rubin, 760 NW 107 Ave., Miz	ami, Fl 33172		<del></del>	
regist Such	street address of its registered agent a stered agent as changed, will be identical.  A change was authorized by resolution duathorized by the board.  SIGI DAT	.  uly adopted by its board of direct  NATURE Aboly			
PROPERTY OF THIS AND PROPERTY OF THE PERTY O	VING BEEN NAMED AS REGISTER OCESS FOR THE ABOVE STATED COS CERTIFICATE, I HEREBY ACCEPT DAGREE TO ACT IN THIS CAPACITY OVISIONS OF ALL STATUTES REFORMANCE OF MY DUTIES, AND LIGATION OF MY POSITION AS REGISTED.	ORPORATION AT THE PLACE THE APPOINTMENT AS REC Y. I FURTHER AGREE TO CO LATIVE TO THE PROPER O I AM FAMILIAR WITH AT HISTERED AGENT.  NATURE	DESIGNATED SISTERED AGE MPLY WITH T AND COMPLE	IN ENT THE ETE	

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

CR2E045 (7-90)

FILING FEE: \$35.00