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

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

SIGNATURE:

J39125

(6)

PEMBROKE VILLAGE REALTY CORP.						
Principal Place o	of Business	Mailing Address			(1) 	
% MARCO REALTY MGMT.CO. 6431 COW PEN RD. MIAMI LAKES FL 33014-6601		% MARCO REALTY MGMT.CO. 6431 COW PEN RD. MIAMI LAKES FL 33014-6801				
				3. Date Incorporated or Qualified 10/23/1986	3a. Date of Last 05/01/	
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number		Applied For
21]		26		59-2736590		Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Orty & State		City & State		6. Election Campaign Financing	<u> </u>	- <i></i>
23		28		Trust Fund Contribution		00 May Be led to Fees
Zq>	Country	Zψ	Country	8. This corporation has liability for in		
4	25	29	30	Florida Statutes X Yes	[] No	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	agistered Agent	
141500			81 Name			
	I REALTY AND MGMT.COMPA OW PEN RD.	WY	82 Street Add	iress (P.O. Box Number is Not Acceptable	e)	
	AKES FL 33014		83			
MINIMI L	ANEO FL 330 H		•3			
			84 City		FL 85	Zip Code
12.		NO DIRECTORS	OTE Biogeneral Agent signature require	nd wiket ministating: ADDITIONS/CHANGES TO OFFIC	LIATE CERS AND DIRECT	ORS IN 12
₹-ILE	PTD	☐ ĐĒLĒTĒ	1 LTIFLE		☐ Change	Addition
NAME:	COMART, MARTIN		1.2 NAME			
STREET ADDRESS	6431 COW PEN RD. MIAMI LAKES FL		1.3 STREET ADDRESS			
501Y+\$1+Z0P	VSD VSD	[7] DELETE	1.4 C/TY - ST - Z/P		51 00000	f-1 4435
NAME	MELTZER, ODED T.	£., Decene	2 1 TITLE 2 2 NAME		☐ Change	Addition
STRUET ADDRESS	6431 COW PEN RD.		2.3 STREET ADDRESS			
City-St-Zir	MIAMI LAKES FL		2.4 CITY - ST - ZIP			
TILLE		DELETE	3 1 TifleF		Change	Addition
NAMI			3.2 NAME			_
SPEHIT ADDRESS			3.3 STREET ADDRESS			
CG Y - S (- 7)P			3 4 C(1Y - ST - Z)F			
litte		DELETE	4 1 TILE		Change	Addition
NAME			4.2 NAME			-
STREE! ADDRESS			4.3 STREET ADDRESS			
CITY ST ZP		DELETE.	4 4 CITY - ST - ZIP			Addition
NAME		பூரைப்	5 1 TITLE 5 2 NAME		Change	Addition
STREET ADDRESS			5.3 STREET ADDRESS			
L 11-51-72			5.4 CHY-SI-ZIP			
Titt		DECETE	6 1 THLE		Change	Addition
N4ME		_	6.2 NAME			
STREET ADDRESS			6.3 STHEET ADDRESS			
			64 CITY-ST-ZIP			
certify that the coath, that I a	ne information indicated on this an	hual report or supplemental and	nished and does not qualify the nual report is true and accurate empowered to execute the control of the contro	for the exemption stated in Section 119.0 ate and that my signature shall have the s is report as required by Chapter 607, Flo	ea theifia lenal arnes	if made under

AME OF SIGNING OFFICER OR DIRECTOR

305 JJJ 3052