

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 AM 9:17

DOCUMENT # **K36478**

(1)

1. Corporation Name

THE ESTATES AT EMBASSY LAKES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% PETER M. HODKIN
2200 W. COMMERCIAL BLVD., SUITE 302
FT. LAUDERDALE FL 33309

% PETER M. HODKIN
2200 W. COMMERCIAL BLVD., SUITE 302
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/23/1988

3a. Date of Last Report

02/15/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0095374

Applied For

Not Applicable

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22

27

City & State

City & State

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HODKIN, PETER M.
2200 WEST COMMERCIAL BLVD.
SUITE 302
FT. LAUDERDALE FL 33309

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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 date if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME ZUCKERMAN, ANDREW
STREET ADDRESS 3525 WASHINGTON LANE
CITY-ST-ZIP COOPER CITY FL

1 1 TITLE Change Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY-ST-ZIP

TITLE DVP
NAME ZUCKERMAN, STEVEN
STREET ADDRESS 3525 WASHINGTON LANE
CITY-ST-ZIP COOPER CITY FL

2 1 TITLE Change Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY-ST-ZIP

TITLE ~~DP~~
NAME ~~ZUCKERMAN, STUART~~
STREET ADDRESS ~~3525 WASHINGTON LANE~~
CITY-ST-ZIP ~~COOPER CITY FL~~

3 1 TITLE Change Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY-ST-ZIP

TITLE DVP
NAME ZUCKERMAN, MELVIN
STREET ADDRESS 3525 WASHINGTON LANE
CITY-ST-ZIP COOPER CITY FL

4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY-ST-ZIP

TITLE ~~DVP~~
NAME ~~ZUCKERMAN, IRWIN~~
STREET ADDRESS ~~3525 WASHINGTON LANE~~
CITY-ST-ZIP ~~COOPER CITY FL~~

5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY-ST-ZIP

TITLE DS
NAME ZUCKERMAN, DAVID
STREET ADDRESS 3525 WASHINGTON LANE
CITY-ST-ZIP COOPER CITY FL

6 1 TITLE Change Addition
6 2 NAME
6 3 STREET ADDRESS
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 110.07(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 if not attachment with an address.

SIGNATURE:

Andrew Zuckerman
Andrew Zuckerman

4/17/95
Date

(305) 752-4700
Telephone #