

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION
ANNUAL REPORT
1998



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

FILED

08 JUL 30 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K36478 (1)**
1. Corporation Name
THE ESTATES AT EMBASSY LAKES, INC.



Principal Place of Business Mailing Address
6650 NW 41ST STREET CORAL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	6351 San Michel Way	26	6351 San Michel Way	09/23/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0095374	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
Delray Beach, FL		Delray Beach, FL		\$8.75 Additional Fee Required	
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
33484		33484		\$5.00 May Be Added to Fees	
25. Country		30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HODKIN, PETER M.				81. Name			
2200 W COMMERCIAL BLVD				82. Street Address (P.O. Box Number is Not Acceptable)			
SUITE 302				7088002604527--1			
FT. LAUDERDALE FL 33309				83. City			
				84. City			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if appl cable (NOTE: Registered Agent signature required when relating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ZUCKERMAN, ANDREW		1.2 NAME				
STREET ADDRESS	6650 NW 41ST STREET		1.3 STREET ADDRESS	6351 San Michel Way			
CITY-ST-ZIP	CORAL SPRINGS FL 33067		1.4 CITY-ST-ZIP	Delray Beach, FL 33484			
TITLE	DVP	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ZUCKERMAN, STEVEN		2.2 NAME				
STREET ADDRESS	6650 NW 41ST STREET		2.3 STREET ADDRESS	6351 San Michel Way			
CITY-ST-ZIP	CORAL SPRINGS FL 33067		2.4 CITY-ST-ZIP	Delray Beach, FL 33484			
TITLE	DVP	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ZUCKERMAN, MELVIN		3.2 NAME				
STREET ADDRESS	6650 NW 41ST STREET		3.3 STREET ADDRESS	6351 San Michel Way			
CITY-ST-ZIP	CORAL SPRINGS FL 33067		3.4 CITY-ST-ZIP	Delray Beach, FL 33484			
TITLE	DS	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ZUCKERMAN, DAVID		4.2 NAME				
STREET ADDRESS	6650 NW 41ST STREET		4.3 STREET ADDRESS	6351 San Michel Way			
CITY-ST-ZIP	CORAL SPRINGS FL 33067		4.4 CITY-ST-ZIP	Delray Beach, FL 33484			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ DATE **6-30-98**

CR2E034 (10/97)