


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

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L61000</b> 1. Corporation Name <p style="font-size: 1.2em; margin-left: 20px;">EMBASSY ESTATES, INC.</p>			
Principal Place of Business <del>40 Peter M. Hodkin</del> <del>2200 W. Commercial Blvd, Ste 302</del> <del>FT LAUDERDALE, FL 33309</del>		Mailing Address <del>40 Peter M. Hodkin</del> <del>2200 W. Commercial Blvd, Ste 302</del> <del>FT LAUDERDALE, FL 33309</del>	
2. Principal Place of Business 21 6650 N.W. 41 Street Suite, Apt. #, etc.	2a. Mailing Address 28 6650 N.W. 41 Street Suite, Apt. #, etc.	3. Date Incorporated or Qualified 3/27/1990	3a. Date of Last Report 4/30/96
22 City & State 23 Coral Springs FL 24 Zip 33067 25 Country Broward	27 City & State 28 Coral Springs FL 29 Zip 33067 30 Country Broward	4. FEI Number 65-0190729	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
8. Name and Address of Current Registered Agent Hodkin, Peter M. 2200 WEST COMMERCIAL BLVD. SUITE 302 FT. LAUDERDALE, FL 33309		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
		FL	
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 reappointing) DATE	
<b>12. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P ZUCKERMAN, ANDREW 3525 WASHINGTON LANE COOPER CITY, FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/V ZUCKERMAN, STEVEN 3525 WASHINGTON LANE COOPER CITY, FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T ZUCKERMAN, STUART 3525 WASHINGTON LANE COOPER CITY, FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/P ZUCKERMAN, MELVIN 3525 WASHINGTON LANE COOPER CITY, FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/P ZUCKERMAN, IRWIN 3525 WASHINGTON LANE COOPER CITY, FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S ZUCKERMAN DAVID 3525 WASHINGTON LANE COOPER CITY, FL	<input type="checkbox"/> DELETE	
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6650 NW 41 Street Coral Springs, FL 33067		
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6650 NW 41 Street Coral Springs, FL 33067		
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900002177419 -05/13/97--01108--022 ***165.00		
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6650 NW 41 Street Coral Springs, FL 33067		
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition RW 5-6-97		
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6650 NW 41 Street Coral Springs, FL 33067		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 4-29-97	Daytime Phone #: 954-752-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR23034 (9/96)