

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

FILED
Jul 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # L61000
1. Corporation Name
EMBASSY ESTATES, INC.

Principal Place of Business Mailing Address
6650 NW 41 Street 6650 NW 41 Street
Coral Springs, FL 33067 Coral Springs, FL 33067

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
3/27/1990

2. Principal Place of Business 2a. Mailing Address
21 6351 SAN MICHEL WAY 26 6351 SAN MICHEL WAY
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 DELRAY BEACH, FL 28 DELRAY BEACH, FL
Zip Country Zip Country
24 33484 25 29 33484 30

4. FEI Number Applied For
65-0190729 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No

9. 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 FL 85 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ZUCKERMAN, ANDREW <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, ANDREW	12 NAME	
STREET ADDRESS	6650 NW 41 Street	13 STREET ADDRESS	6351 San Michel Way
CITY-ST-ZIP	Coral Springs, FL 33067	14 CITY-ST-ZIP	DeLray Beach, FL 33484
TITLE	DVP ZUCKERMAN, STEVEN <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, STEVEN	22 NAME	
STREET ADDRESS	6650 NW 41 Street	23 STREET ADDRESS	6351 San Michel Way
CITY-ST-ZIP	Coral Springs, FL 33067	24 CITY-ST-ZIP	DeLray Beach, FL 33484
TITLE	DVP ZUCKERMAN, MELVIN <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, MELVIN	32 NAME	
STREET ADDRESS	6650 NW 41 Street	33 STREET ADDRESS	6351 San Michel Way
CITY-ST-ZIP	Coral Springs, FL 33067	34 CITY-ST-ZIP	DeLray Beach, FL 33484
TITLE	DS ZUCKERMAN, DAVID <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, DAVID	42 NAME	
STREET ADDRESS	6650 NW 41 Street	43 STREET ADDRESS	6351 San Michel Way
CITY-ST-ZIP	Coral Springs, FL 33067	44 CITY-ST-ZIP	DeLray Beach, FL 33484
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	700002591477
CITY-ST-ZIP		64 CITY-ST-ZIP	-07/17/98--01026--014 ***150.00

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: 7/30/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2024 (10/97)