

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L71042 (0)**
1. Corporation Name
PASADENA ESTATES, INC.



Principal Place of Business: **4302 SW 107 WAY DAVIE FL 33328**
Mailing Address: **P.O. BOX 8789 PEMBROKE PINES FL 33084**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Street, Apt. #, etc.	26	Street, Apt. #, etc.	05/08/1990	05/01/1995
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	65-0188660	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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			
B & C CORPORATE SERVICES, INC. COURTHOUSE CENTER, SUITE 2000 175 N.W. FIRST AVE MIAMI FL 33128-6965				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 of the person named in Block 9, or signature of the registered agent, if the registered agent is a corporation.

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VSD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BERGER, ADOLPH, J		1.2 NAME				
STREET ADDRESS	1000 N HIATUS RD		1.3 STREET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BERGER, HELENE		2.2 NAME				
STREET ADDRESS	1000 N HIATUS RD		2.3 STREET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL		2.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MILLER, ROBERT, B		3.2 NAME				
STREET ADDRESS	1000 N HIATUS RD		3.3 STREET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP				
TITLE	VDT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	COTT, LAWRENCE, J		4.2 NAME				
STREET ADDRESS	1000 N HIATUS RD		4.3 STREET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL		4.4 CITY-ST-ZIP				
TITLE	DP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MILLER, LEONARD		5.2 NAME				
STREET ADDRESS	1000 N HIATUS RD		5.3 STREET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL		5.4 CITY-ST-ZIP				
TITLE	DV	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	COTT, CORINNE		6.2 NAME				
STREET ADDRESS	1000 N HIATUS RD		6.3 STREET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL		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 119.07(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 on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: *02/28/96* @ 954-475-8600
Date of Filing #

CR2E034 (12/95)