

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 8:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M47875 (3)

1. Corporation Name

PASADENA AT JACARANDA, INC.

Principal Place of Business

**1000 N HIATUS RD
P.O. BOX 8300
MIAMI FL 33026**

Mailing Address

**1000 N HIATUS RD
P.O. BOX 8300
MIAMI FL 33026**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/06/1987

3a. Date of Last Report

04/06/1994

4. FEI Number

59-2808074

Applied For

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 has liability for intangible tax under S. 199(1)(9)
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

30

9. Name and Address of Current Registered Agent

**BERGER, DAVID J.
SUITE 200 COURT HOUSE CENTER
175 NW 1ST AVENUE
MIAMI FL 33128**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Blvd.

83 Suite 3000

84 City
Miami

FL

85 Zip Code
33131

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
MILLER, LEONARD
1000 N HIATUS RD
PEMBROKE PINES FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VTD
BERGER, ADOLPH J.
1000 N HIATUS RD
PEMBROKE PINES FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), Florida Statutes. I further certify that the information indicated on this filing 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or in an attachment with an address.

SIGNATURE:

PASADENA AT JACARANDA, INC. BY: ADOLPH J. BERGER, VICE-PRESIDENT

4/13/95 (305) 431-6100