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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P93000029070 (8)

DOCUMENT #

1. Corporation Name

EMBASSY GROUP, INC.					
Principal Place of Business	Mailing Address				
1422 BRISTOL PARK PLACE	1422 BRISTOL PARK PLACE				



LAKE MARY FL 32746		LAKE MARY FL 32746							
					04/20/1993 0			of Last Report 05/01/1995	
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-3183426			Not Applicable
Suite, Apt. #,	etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Additional be Required
22		City & State				6. Election Campaign Financing			
City & State		28				Trust Fund Contribution			.00 May Be ded to Fees
Zip	Country	Ζφ	Coun	itrv		8. This corporation has liability for in	ntangible ta:		
24	25	29	30	ĺ		Florida Statutes			
<u> </u>	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered A	gent	
				81	Name				
	Burn, Gerald L		<u> </u>	62	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		·
	RISTOL PARK PLACE				Oli Doli i Rica	550 (-,		
LAKE M	IARY FL 32746		[1	83					
			 	84	Crtv			85	Zip Code
				_ [ation submits this statement for the pur	<u>FL</u>		<u> </u>
	syranire, typen or pented numberef registere flagers	The state of the s		A, prod	l signalure requires		DATE	Dipc	PTODE IN 12
12.	OFFICERS AND	DIRECTORS DELFIE	13.			ADDITIONS/CHANGES TO OFF		Chan	
TITLE	BLACKBURN, GERALD L	□ becute					L	_j Onan	ge 🔲 Addition
NAME	1422 BRISTOL PARK PLAC	F	1.2 NAI		ADDRESS				
STHEET ADDRESS CITY-ST-ZIP	LAKE MARY FL 32746	-	14 CI						
TITLE	D	DELETE	2 1 111		1.21		Ï	Chan	ge Addition
NAME	BLACKBURN, SHERRY L	b	2.2 NA	ME					
STREET ADDRESS	1422 BRISTOL PARK PLAC	E	23 STF	REEL	ADDRESS				
CITY - ST - ZIP	LAKE MARY FL 32746		2 4 CIT	Y - S	T - ZIP				
TITLE		DELETE	3 1 [1]	ILF				_ Chan	ge 🔲 Addition
NAME			3 2 NA	ME					
STREET ADDRESS					LADDRESS				
CiTY - ST - ZiP		☐ DELETE	3.4 CH		T - ZIP			7 Char	ge 🗍 Addition
TITLE			4 2 NA					_, 0	ge [] Mantion
NAME STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4 4 CI						
TITLE		DELETE	5 1 Tr					Char	ge 🔲 Addit.on
NAME			5 2 NA	ME					
STREET ADOPESS			53.51	REET	ADDRESS				
CITY-ST-7IP			5.4 CIT	Y - S	iT - ZIP				
TITLE		☐ DELETE	6 1 7	TLE			Ε	Char	ge 🔲 Addition
NAME			6 2 NA						
STREET ADDRESS					ADDRESS				
C+TY - ST - ZIP			6.4.01	ry - S	sE-ZIF				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3446 Daylare Phoce #