

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000058897 (8)

1. Corporation Name
PASADENA AT AMBER LAKE, INC.



Principal Place of Business: **1000 N HIATUS RD, PEMBROKE PINES FL 33026**
Mailing Address: **1000 N HIATUS RD, PEMBROKE PINES FL 33026**

3. Date Incorporated or Qualified: **08/18/1993**
3a. Date of Last Report: **04/20/1995**

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country, 29. Zip, 30. Country

4. FEI Number: **65-0432016**
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. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERGER, DAVID J ESO
201 S. BISCAYNE BLVD., SUITE#300
SUITE 2000 COURT HOUSE CENTER
MIAMI FL 33131**

81. Name: **BERGER, DAVID J. ESO**
82. Street Address (P.O. Box Number is Not Acceptable): **1221 Brickell Ave. Suite 2600**
83. City: **Miami Beach**
84. State: **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: _____ (NOTE: Registered Agent signature required when translating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BERGER, DAVID J
STREET ADDRESS	% 175 NW FIRST AVE COURT HOUSE CTR #2000
CITY-ST-ZIP	MIAMI FL 33128-9965
TITLE	P <input type="checkbox"/> DELETE
NAME	MILLER, ROBERT B
STREET ADDRESS	1000 N HIATUS RD
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	MILLER, LEONARD
STREET ADDRESS	1000 N HIATUS RD
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice Pres./Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Adolph J. Berger
1.3 STREET ADDRESS	P.O. Box 8300
1.4 CITY-ST-ZIP	Pembroke Pines FL 33084
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, changed, or of an attachment with an address.

SIGNATURE: **Adolph J. Berger, Vice-President** *4/29/96* 954-431-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)