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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000058897 (8)					
,	ADENA AT AMBER LAKE, II	NC.	•		
Principa' Place of Business Mailing Address)
1000 N HAITUS RD PEMBROKE PINES FL 33026		1000 n Haitus RD Pembroke Pines Fl 33026			
				3. Date Incorporated or Qualified 08/18/1993	3a, Date of Last Report 04/20/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	N -1-	26		65-0432016	Not Applicable
Suite, Apt. #	#, GIC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	}	City & State		Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country 25	<i>Ζ</i> ιρ	Country 30	8. This corporation has liability for Florida Statutes X Yes	
	Name and Address of Curren	t Registered Agent		10. Name and Address of New F	
			81 Name		
BERGER, DAVID J ESQ			82 Street A	BERGER DAVID J. FS.) ()
201 S. BISCAYNE BLVD., SUITE#300			83	1221 Brickell Ave.	Suite-2600-
SUITE 2000 COURT HOUSE CENTER MIAMI FL 33131			83		24100 100
			84 City		85 Zip Code
11. Pursuant to	o the provisions of Sections 607,0502	and 607.1508. Florida Statutes	the above-named cor	Miami Beach reporation submits this statement for the purposed of directors. Thereby accept the app	FL 33131
or registere familiar witi	ed agent, or both, in the State of Florid h, and accept the obligations of, Secti	da. Such change was authorized	by the corporation's b	poard of directors. I hereby accept the app	pose of changing its registered diffice pintment as registered agent. I am
SIGNATURE					
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature red		DATE
TITLE	D	DELETE	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12 Change Addition
NAME	BERGER, DAVID J	×	1.2 NAME	Vice Pres./Sec.	□ Change K 1 Addition
STREET ADDRESS	% 175 NW FIRST AVE COU	RT HOUSE CTR #2000	1.3 STREET ADDRESS	Adolph J. Berger P.O. Box 8300	
CITY-\$1-2IP	MIAMI FL 33128-9965		1.4 CITY - ST - ZIP	Pembroke Pines FL 330	Ω/ι
TITLE	Р	DELETE	2. 1 TOLE	TIME THES THE	Change Addition
NAME	MILLER, ROBERT B		2.2 NAME		
STREET ADDIRESS	1000 N HIATUS RD		2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PEMBROKE PINES FL VP	Fin bei etc	2 4 CITY-ST-ZIP		
NAME	MILLER, LEONARD	☐ DELETE	3 1 TITLE		Change Addition
STREET ADDRESS	1000 N HIATUS RD		3 2 NAME		
City-ST-ZiP	PEMBROKE PINES FL		3.3 STREET ADDRESS		}
TITLE		DELETE	3.4 CITY-ST-ZIP 4. 1 T:TLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIF		
TITLE		DELETE	5. 1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP		
NAME		Fil pect of	6 1 TITLE 62 NAME		Change Addition
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		
14. I do hereby	certify that the information supplied with information indicated on this security	with this filing is voluntarily furnish	ned and does not quali	fy for the exemption stated in Section 119,	07(3)(k), Florida Statutes, I further

an report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under report in the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name fundation in the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name fundation in the receiver of the receiver of the report of the receiver of the rec 954-431-6100 SIGNATURE: M