


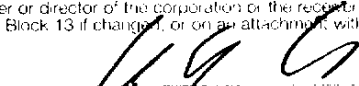
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P94000000346 (4)</b> 1. Corporation Name <b>PASADENA AT PLS, INC.</b>			
Principal Place of Business <b>1000 NORTH HIATUS ROAD PEMBROKE PINES FL 33026</b>		Mailing Address <b>1000 NORTH HIATUS ROAD PEMBROKE PINES FL 33026</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified <b>12/31/1993</b>		3a. Date of Last Report <b>03/21/1995</b>	
4. FEI Number <b>65-0460832</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
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 <b>BERGER, DAVID J ESQ. 175 NW FIRST AVENUE STE. 2000 COURTHOUSE CENTER MIAMI FL 33128-9965</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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 (if 11b not applicable) (If P.O. Registered Agent signature required when not changing) DATE			
12. OFFICERS AND DIRECTORS 1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 1.5 TITLE <input type="checkbox"/> DELETE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY - ST - ZIP 1.9 TITLE <input type="checkbox"/> DELETE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY - ST - ZIP 1.13 TITLE <input type="checkbox"/> DELETE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY - ST - ZIP 1.17 TITLE <input type="checkbox"/> DELETE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 2.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.6 NAME 2.7 STREET ADDRESS 2.8 CITY - ST - ZIP 2.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.10 NAME 2.11 STREET ADDRESS 2.12 CITY - ST - ZIP 2.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY - ST - ZIP 2.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.18 NAME 2.19 STREET ADDRESS 2.20 CITY - ST - ZIP 2.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.22 NAME 2.23 STREET ADDRESS 2.24 CITY - ST - ZIP 2.25 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.26 NAME 2.27 STREET ADDRESS 2.28 CITY - ST - ZIP 2.29 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.30 NAME 2.31 STREET ADDRESS 2.32 CITY - ST - ZIP 2.33 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.34 NAME 2.35 STREET ADDRESS 2.36 CITY - ST - ZIP 2.37 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.38 NAME 2.39 STREET ADDRESS 2.40 CITY - ST - ZIP 2.41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.42 NAME 2.43 STREET ADDRESS 2.44 CITY - ST - ZIP 2.45 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.46 NAME 2.47 STREET ADDRESS 2.48 CITY - ST - ZIP 2.49 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.50 NAME 2.51 STREET ADDRESS 2.52 CITY - ST - ZIP 2.53 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.54 NAME 2.55 STREET ADDRESS 2.56 CITY - ST - ZIP 2.57 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.58 NAME 2.59 STREET ADDRESS 2.60 CITY - ST - ZIP 2.61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.62 NAME 2.63 STREET ADDRESS 2.64 CITY - ST - ZIP 2.65 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.66 NAME 2.67 STREET ADDRESS 2.68 CITY - ST - ZIP 2.69 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.70 NAME 2.71 STREET ADDRESS 2.72 CITY - ST - ZIP 2.73 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.74 NAME 2.75 STREET ADDRESS 2.76 CITY - ST - ZIP 2.77 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.78 NAME 2.79 STREET ADDRESS 2.80 CITY - ST - ZIP 2.81 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.82 NAME 2.83 STREET ADDRESS 2.84 CITY - ST - ZIP 2.85 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.86 NAME 2.87 STREET ADDRESS 2.88 CITY - ST - ZIP 2.89 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.90 NAME 2.91 STREET ADDRESS 2.92 CITY - ST - ZIP 2.93 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.94 NAME 2.95 STREET ADDRESS 2.96 CITY - ST - ZIP 2.97 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.98 NAME 2.99 STREET ADDRESS 2.100 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 recorder 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 <b>Robert B. Miller President</b>			

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4/17/96 (95A) 435-9997  
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