FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
Feb 02 1998 8:00am
Secretary of State

DOCUMENT # **P94000000346 (4)**

1. Corporation Name
PASADENA AT PLS, INC.

Principal Place of Business	Mailing Address
1000 NORTH HIATUS ROAD SUITE 100 PEMBROKE PINES FL 33026	1000 NORTH HIATUS ROAD SUITE 100 PEMBROKE PINES FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1993

2. Principal Place of Business	2a. Mailing Address
21 11801 Pembroke Rd.	26 11501 Pembroke Rd.
22 Suite, Apt. #, etc.	27 Suite, Apt. # etc.
23 City & State: Pembroke Pines FL	28 City & State: Pembroke Pines FL
24 Zip: 33025	29 Zip: 33025
25 Country: Broward	30 Country: Broward

4. FEI Number: 65-0460832 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

E.H.G. RESIDENT AGENTS, INC.
5100 TOWN CENTER CIRCLE
SUITE 330
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE _____
Signature, if any, of annual name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	BERGER, DAVID J	12 NAME	
STREET ADDRESS	175 NW FIRST AVE. STE. 2000 COURTHOUSE CNT	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33128-9965	14 CITY-ST-ZIP	
TITLE	P ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MILLER, ROBERT B	22 NAME	
STREET ADDRESS	1000 N HIATUS RD	23 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	24 CITY-ST-ZIP	
TITLE	VPS ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	MILLER, LEONARD	32 NAME	
STREET ADDRESS	1000 N HIATUS RD	33 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	34 CITY-ST-ZIP	
TITLE	VPT ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	BERGER, ADOLPH J	42 NAME	
STREET ADDRESS	1000 N HIATUS RD	43 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	44 CITY-ST-ZIP	
TITLE	V ☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	KALIN, MORTON	52 NAME	
STREET ADDRESS	1000 N HIATUS RD	53 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 1/20/98 (954) 435-9997