

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000034251 (6)  
1. Corporation Name

EMBASSY REAL ESTATE AND INVESTMENTS, INC.



Principal Place of Business

Mailing Address

3605 HOLLYWOOD BLVD  
HOLLYWOOD FL 33021  
US

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HOLLYWOOD FL 33021  
US

3. Date Incorporated or Qualified <b>05/03/1994</b>	3a. Date of Last Report <b>07/13/1995</b>
4. FEI Number <b>65-0488458</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>3635 Hollywood Blvd</b>	26 <b>3635 Hollywood Blvd.</b>
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State <b>Hollywood, FL</b>	28 City & State <b>Hollywood, FL</b>
24 Zip <b>33021</b>	25 Country <b>Browards</b>
29 Zip <b>33021</b>	30 Country <b>Browards</b>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLEISCHER, KEITH  
2610 NW 94 WAY  
SUNRISE FL 33322

81 Name <b>Keith Fleischer</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>20924 SPRINGS TERRACE</b>
83
84 City <b>BOCA RATON</b>
85 Zip Code <b>FL 33428</b>

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

*Keith Fleischer*

6/10/96

Signature typed or printed name of registered agent and title if applicable

(b)(1)E. Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PTD	<input checked="" type="checkbox"/>
NAME	FLEISCHER, KEITH	
STREET ADDRESS	2610 NW 94 WAY	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	VS	<input checked="" type="checkbox"/>
NAME	FLEISCHER, KEITH	
STREET ADDRESS	2610 NW 94 WAY	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
11 TITLE	PTD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	Keith Fleischer		
13 STREET ADDRESS	20924 SPRINGS TERR.		
14 CITY-ST-ZIP	BOCA RATON, FL 33428		
21 TITLE	VS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	Keith Fleischer		
23 STREET ADDRESS	20924 SPRINGS TERR.		
24 CITY-ST-ZIP	BOCA RATON, FL 33428		
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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)(c), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

*Keith Fleischer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96

954-989-2906

DATE TELEPHONE

CR2E034 (3/96)