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Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000036014 (6)

1. Corporation Name
PASADENA AT IVANHOE, INC.



Principal Place of Business: **1000 N HIATUS RD PEMBROKE PINES FL 33026**
 Mailing Address: **1000 N HIATUS RD PEMBROKE PINES FL 33026-3094**

3. Date Incorporated or Qualified: **05/10/1994** 3a. Date of Last Report: **03/29/1996**
 4. FEI Number: **65-0490423** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **Suite 100** 2a. Mailing Address: **Suite 100**
 21 Suite, Apt. #, etc.: **Suite 100** 26 Suite, Apt. #, etc.: **Suite 100**
 22 City & State: 27 City & State:
 23 Zip: 25 Country: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
BERGER, DAVID J
1221 BRICKELL AVE
SUITE 2800
MIAMI FL 33131

10. Name and Address of New Registered Agent
 61 Name
 62 Street Address (P.O. Box Number is Not Acceptable)
 63
 64 City: **FL** 65 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MILLER, LEONARD
STREET ADDRESS	1000 N HIATUS RD
CITY - ST - ZIP	PEMBROKE PINES FL 33026
TITLE	D <input type="checkbox"/> DELETE
NAME	MILLER, ROBERT B
STREET ADDRESS	1000 N HIATUS RD
CITY - ST - ZIP	PEMBROKE PINES FL 33026
TITLE	D <input type="checkbox"/> DELETE
NAME	BERGER, ADOLPH J
STREET ADDRESS	1000 N HIATUS RD
CITY - ST - ZIP	PEMBROKE PINES FL 33026
TITLE	D <input type="checkbox"/> DELETE
NAME	BERGER, HELENE
STREET ADDRESS	1000 N HIATUS RD
CITY - ST - ZIP	PEMBROKE PINES FL 33026
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 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 of this report in an attachment with an address.
Pasadena at Ivanhoe, Inc. by Adolph J. Berger, Vice-President

SIGNATURE: *(Signature)* Date: **3/28/97** (954) 431-6100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)