Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000054381

PEMBROKE PARTNERS II, INC.

Mailing Address Principal Place of Business C/O ROBERT S.FORMAN. ESO. C/O ROBERT S.FORMAN, ESQ. 2101 WEST COMMERCIAL BLVD.. SUITE 4100 2101 WEST COMMERCIAL BLVD.. SUITE 4100 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 2a. Mailing Address 2. Principal Place of Business 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State 28

FILED May 08, 1999 8:00 am Secretary of State 05-08-1999 90087 017 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 06/17/1998 4. FEI Number

5. Certificate of Status Desired

6. Election Campaign Financing

65-0847133

23			28	28					Trust Fund Contribution Added to Fees							
Zip		Country		Zip		Country			8. This	corporation	on owes	the curr	ent year l	ntangi	ole	
24	25		29		30				Pers	onal Prop	erty Tax				Yes	□No
Name and Address of Current Registered Agent									10. Nam	e and Ac	idress o	f New F	Registere	d Age	nt	
F00		0.00				81	Name									!
FORMAN, ROBERT S ESQ.							Street A	Addres	s (P.O. B	ox Numb	er is Not	Accepta	able)			
2101 WEST COMMERCIAL BLVD.							0.0007	100,00								
SUITE 4100						83				-						
FORT LAUDERDALE FL 33309						84	C:h							. 8	E Zin (Code
						64	City						F	L ľ	י עוב	Joue
11. Pursuant	to the provisions	of Sections 607.050 or both, in the State	2 and 6	07.1508, Fl	orida Statutes,	the above	e-named of	corpora	ation subr	mits this s	tatement	for the	purpose	of char	nging its	registered distered
agent. I a	m familiar with, a	and accept the obliga	ations of	Section 60	7.0505, Florida	Statutes		auton	5 000ia 6	i uncoto.		,,	** · · · ·			9
SIGNATURE	Signature, typed or prin	inted name of registered ane	ent and trie	if applicable	(NOTE: Re	gistered Agen	t signature re	w beniupe	hen reinstatu	ng)			DATE			
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registe OFFICERS AND DIRECTORS 1						g				ANGES	TO OF	FICERS	ND D	IRECTO	R\$ IN 12
TITLE		DELETE		DELETE	1.1 TITLE		P/:	S/T/D						Change	X Addition	
NAME						1.2 NAME		Ker	nneth	L. S	himm					
STREET ADDRESS						1.3 STREET	ADDRESS	210	01 W.	Comm	ercia	al B	lvd.,	Sui	te 4	100
CITY-ST-ZIP						1.4 CITY-S	r-ZIP			uderd						
TITLE) deletë	2.1 TITLE									Change	Addition
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CITY-ST-ZIP						4.4 CITY-S	r-zip									
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NAME]					5.2 NAME										
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CITY-ST-ZIP						5.4 CITY-S	T-ZIP									
MILE					DELETE	6.1 TITLE									Change	☐ Addition
NAME						6.2 NAME										
STREET ADDRESS						6.3 STREET	ADDRESS									
CITY-ST-ZIP						6.4 CITY-S										
14. I hereby o	certify that the inf	formation supplied weport or supplementa	ith this f	iling does no	ot qualify for th	e exempti	on stated	in Sec	ction 119.	07(3)(i), f	lorida Si	atutes. lect as i	I further of	ertify t	hat the i	nformation
officer or	director of the co	eport or supplementa orporation or the rece	eiver or t	trustee emp	owered to exec	cute this re	eport as r	equire	d by Cha	pter 607.	Florida S	Statutes	; and that	my na	me app	ears in

Block 12 or Block 13 if change

SIGNATURE: RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #