


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

FILED
May 12 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **S62659** (5)

1. Corporation Name
PEMBROKE PINES OFFICE BUILDING, INC.

| | |
|---|---|
| Principal Place of Business C/O WOLPERT & KAUFMAN, P.A. MIAMI FL 33156 US | Mailing Address C/O WOLPERT & KAUFMAN, P.A. MIAMI FL 33156 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|---|--|
| 2. Principal Place of Business 21 C/O WOLPERT & KAUFMAN, P.A. Suite, Apt. #, etc. 22 9200 S. DADELAND BLVD, #614 City & State 23 MIAMI, FL Zip 24 33156 | | 2a. Mailing Address 26 C/O WOLPERT & KAUFMAN, P.A. Suite, Apt. #, etc. 27 9200 S. DADELAND BL, #614 City & State 28 MIAMI, FL Zip 29 33156 | | 3. Date Incorporated or Qualified 06/24/1991 | |
| | | 4. FEI Number 65-0272661 | | Applied For <input type="checkbox"/> Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent ALHAMBRA REGISTERED AGENTS, INC. TWO ALHAMBRA PLAZA, STE. 1202 CORAL GABLES FL 33134 | | | | 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | D.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BOGGIO, LLOYD J | 1.2 NAME | EUGENE M. ERWIN |
| STREET ADDRESS | 2121 PONCE DE LEON BLVD., PH 2 | 1.3 STREET ADDRESS | 4915 RIVERVIEW ROAD, NW |
| CITY-ST-ZIP | CORAL GABLES FL | 1.4 CITY-ST-ZIP | ATLANTA, GA 30327 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | D.S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARCUS, STEWART | 2.2 NAME | ROBERT B. LEVINE |
| STREET ADDRESS | 2121 PONCE DE LEON BLVD., PH 2 | 2.3 STREET ADDRESS | 565 FIFTH AVENUE |
| CITY-ST-ZIP | CORAL GABLES FL | 2.4 CITY-ST-ZIP | NEW YORK, NY 10017-5319 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | FRANK BOMBEEK |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 4350 W. CYPRRESS STREET, SUITE 250 |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | TAMPA, FL 33607 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 *Eugene M. Erwin* *Robert B. Levine* *Frank BombEEK* *Doc Boggio* *May 19 1998* (B13) 205 744 7

CR2E034 (10/97)