

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V00136** (4)

1. Corporation Name

~~CONCOURSE EXECUTIVE OFFICES, INC.~~  
**EMBASSY EXECUTIVE SUITES, INC.** *ES*

Principal Place of Business

Mailing Address

2080 PALM BEACH LAKES BLVD.  
9TH FLOOR SUITE 903  
W. PALM BEACH FL 33409

2080 PALM BEACH LAKES BLVD.  
9TH FLOOR SUITE 903  
W. PALM BEACH FL 33409



2. Principal Place of Business	2a. Mailing Address
21 2247 Palm Beach Lakes Blvd.	26 2247 Palm Beach Lakes Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Embassy Square - Suite 220	27 Embassy Square - Suite 220
City & State	City & State
23 West Palm Beach, Florida	28 West Palm Beach, Florida
Zip	Zip
24 33409	29 33409
Country	Country
25 Palm Beach	30 Palm Beach

3. Date Incorporated or Qualified <b>12/12/1991</b>	3a. Date of Last Report <b>02/28/1995</b>
4. FEI Number <b>65-0304084</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

HOLBROOK, MARIAN E  
3537 TACONIC DR  
WEST PALM BEACH FL 33406

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: *Marian E. Holbrook* **MARIAN E. HOLBROOK** **1-18-96**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLBROOK, MARIAN E.	1.2 NAME	
STREET ADDRESS	3537 TACONIC DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLBROOK, MARIAN E.	2.2 NAME	
STREET ADDRESS	3537 TACONIC DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLBROOK, MICHAEL L	3.2 NAME	
STREET ADDRESS	3537 TACONIC DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLBROOK, WILLIAM L	4.2 NAME	
STREET ADDRESS	3537 TACONIC DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	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	

700001734647  
-03/06/96--01097--015  
\*\*\*200.00

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)(k), 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: *Marian E. Holbrook* **MARIAN E. HOLBROOK** **1/18/96** **407-688-0402**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)