

**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 # **V24064** (0)  
1. Corporation Name  
**PEMBROKE LAKES THOM MCAN, INC.**

7757



Principal Place of Business: **ONE THEALL RD RYE NY 10580**  
Mailing Address: **ONE THEALL RD RYE NY 10580**

3. Date Incorporated or Qualified <b>03/26/1992</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>04-3153976</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>UNITED STATES CORPORATION COMPANY</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent, if not applicable. (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCVEY, LARRY A</b>	1.2 NAME	
STREET ADDRESS	<b>67 MILLBROOK ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WORCESTER MA 01606</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOZNIAK, EDWARD S</b>	2.2 NAME	
STREET ADDRESS	<b>67 MILLBROOK ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WORCESTER MA 01606</b>	2.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARENCE, ROGER</b>	3.2 NAME	
STREET ADDRESS	<b>67 MILLBROOK ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WORCESTER MA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNIGHT, HENRIETTA</b>	4.2 NAME	
STREET ADDRESS	<b>67 MILLBROOK ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WORCESTER MA 01606</b>	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	

SEPARATE SCHEDULE

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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ASSISTANT SECRETARY**

**ROGER LARENCE** APR 26 1996 (508) 791-3811  
 Date: \_\_\_\_\_ Official Phone: \_\_\_\_\_

CR2E034 (12/95)

ALL STATES  
April 12, 1996  
Business

**THOM MCAN DIVISION**

**PRESIDENT**

Larry A. McVey

67 Millbrook Street, Worcester, MA 01606

**VICE PRESIDENTS**

Theodore L. Anderson  
Edward S. Wozniak

67 Millbrook Street, Worcester, MA 01606  
67 Millbrook Street, Worcester, MA 01606

**TREASURER**

Edward S. Wozniak

67 Millbrook Street, Worcester, MA 01606

**SECRETARY**

Edward J. Lucey

67 Millbrook Street, Worcester, MA 01606

**ASSISTANT SECRETARY**

Roger Larence

67 Millbrook Street, Worcester, MA 01606

**DIRECTORS**

Theodore L. Anderson  
Michael R. Brennan  
Larry A. McVey  
Arthur V. Richards  
Edward S. Wozniak

67 Millbrook Street, Worcester, MA 01606  
One Theall Road, Rye, NY 10580  
67 Millbrook Street, Worcester, MA 01606  
One Theall Road, Rye, NY 10580  
67 Millbrook Street, Worcester, MA 01606