

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

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V24064**

(0)

1. Corporation Name

**PEMBROKE LAKES THOM MCAN, INC.**

77574



Principal Place of Business

Mailing Address

**ONE THEALL RD  
RYE NY 10580**

**ONE THEALL RD  
RYE NY 10580-1404**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 **933 MAC ARTHUR BLVD.**  
23 **MAHWAH, N.J. 07430**

26 Suite, Apt. #, etc.  
27 **933 MAC ARTHUR BLVD.**  
28 **MAHWAH, N.J. 07430**

24 Zip  
25 **USA**

29 Zip  
30 **USA**

3. Date Incorporated or Qualified  
**03/26/1992**

3a. Date of Last Report  
**05/01/1996**

4. FEI Number  
**04-3153976**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCVEY, LARRY A</b>	
STREET ADDRESS	<b>67 MILLBROOK ST.</b>	
CITY-ST-ZIP	<b>WORCESTER MA 01606</b>	
TITLE	<b>VT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WOZNIAK, EDWARD S</b>	
STREET ADDRESS	<b>67 MILLBROOK ST.</b>	
CITY-ST-ZIP	<b>WORCESTER MA 01606</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LARENCE, ROGER</b>	
STREET ADDRESS	<b>67 MILLBROOK ST.</b>	
CITY-ST-ZIP	<b>WORCESTER MA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>P John M. Robinson</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>933 MAC ARTHUR BLVD.</b>	
1.3 STREET ADDRESS	<b>MAHWAH, N.J. 07430</b>	
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>VP Donald V. Roach</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>933 MAC ARTHUR BLVD.</b>	
2.3 STREET ADDRESS	<b>MAHWAH, N.J. 07430</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>S Edward J. Lucey</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>67 Mill Brook St</b>	
3.3 STREET ADDRESS	<b>Worcester, MA 01606</b>	
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>AS GERALD BAHLMAN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>933 MAC ARTHUR BLVD.</b>	
4.3 STREET ADDRESS	<b>MAHWAH, N.J. 07430</b>	
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 if changed, or on an attachment with an address.

SIGNATURE:

**GERALD BAHLMAN JAN 20 1997 (201) 934-2000**

CR2E034 (9/96)