FILED

Mar 25, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000075095**

1. Corporation Name

G.L. HOMES OF FLORIDA II CORPORATION

					r					
Principal Place	of Business	Mailing Address						Beit Abits Baist	16801 61111 08110	19181 9111 1291
1401 UNIVERSITY DR SUITE 200 1401 UNIVERSITY DR SUITE 2 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifect			
							10/12/1994			
2. Principal Place of Business 2a. Mailing Address			ess				4. FEI Number		Apr	plied For
21 26							65-05275 <u>82</u>		Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A		
22	· · · · · · · · · · · · · · · · · · ·	27	7-	- -	•		5. Certificate of Status Desired		Fee Re	quired
City & State	e ,	City & State					6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip		ountry	'		8. This corporation owes the cur	rent year in		
24	25	29	30				Personal Property Tax.		Δ	□No
	9. Name and Address of Current	Registered Agent		4.	T		10. Name and Address of New	Registered	Agent	
004	APT AMAPAIZ			81	Name	1				
GRANT, MARK					Street	Addres	ss (P.O. Box Number is Not Accep	table)		
200 E. BROWARD BOULEVARD										
_։ FT. Լ	AUDERDALE FL 33302			83	1					
	,			84	City		· .		85 Zip C	Code
					1			Fl	_ `	
11. Pursuant office or reagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State c m familiar with, and accept the obligati	and 607.1508, Flori of Florida. Such char- ons of, Section 607.	ida Statutes, the ige was authori: 0505, Florida S	abov zed by tatutes	e-named the corp i.	d corpoi coration	ration submits this statement for the 's board of directors. I hereby acce	e purpose o ept the appo	f changing its intment as rec	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registi	red Age	nt signature	required v	when reinstating)	DATE		
12.	OFFICERS ANI			3.			ADDITIONS/CHANGES TO O	FFICERS A		
TITLE	PD ·		ELETE 1.	1 TTLE					Change	Addition
NAME	ezratti, itzhak		1.	2 NAME						
STREET ADORESS	1401 UNIVERSITY DRIVE, #200		1.	3 STREE	TADORESS	i '				
CITY-ST-ZIP	CORAL SPRINGS FL 33071	_	1.	4 CITY-S	T-ZIP	<u> </u>		_		
TITLE	VS		ELETE 2.	1 TITLE					Change	Addition
NAME	FANT, ALAN		2.	2 NAME						
STREET ADDRESS	1401 UNIVERSITY DRIVE, #200		2.	3 STREE	T ADDRESS	3				
CITY-ST-ZIP	CORAL SPRINGS FL 33071	-	. 2.	4 CITY-S	ST-ZIP					
TITLE	VT		ELETE 3.	TITLE			,		Change	☐ Addition
NAME	COSTELLO, RICHARD A		3.	2 NAME						
STREET ADDRESS	1401 UNIVERSITY DRIVE, #200	ı	3.	3 STREE	T ADDRESS	3				
CITY-ST-ZIP	CORAL SPRINGS FL 33071		3.	4, CITY-S	ST-ZIP	1	•			
TITLE	S			1 TITLE					Change	☐ Addition
NAME	EZRATTI, MOSHE		14.	2 NAME						
STREET ADDRESS	1401 UNIVERSITY DRIVE: #200	ı	14	3 STREE	T ADDRESS	3				
CITY-ST-ZIP	CORAL SPRINGS FL 33071			4 CITY-S						

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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TTLE

5.2 NAME

6.1 TITLE

6.2 NAME

NORWALK, RICHARD M

PORTNOY, LARRY

CORAL SPRINGS FL

1401 UNIVERSITY DRIVE, #200

1401 UNIVERSITY DRIVE, STE. 200

CORAL SPRINGS FL 33071

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ DELETE

03/15/99

954-753-1730

☐ Addition

☐ Addition

Change

☐ Change