

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 JUL 30 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S71554 (7)  
1. Corporation Name  
ZUCKERMAN HOMES, INC.



Principal Place of Business: 6650 N.W. 41ST ST. CORAL SPRINGS FL 33067  
Mailing Address: 6650 N.W. 41ST ST. CORAL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 6351 San Michel Way  
22 Suite, Apt. #, etc.  
23 City & State: Delray Beach, FL  
24 Zip: 33484  
25 Country  
2a. Mailing Address  
26 6351 San Michel Way  
27 Suite, Apt. #, etc.  
28 City & State: Delray Beach, FL  
29 Zip: 33484  
30 Country

3. Date Incorporated or Qualified: 08/07/1991  
4. FEI Number: 65-0291798  
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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent: HOOKIN, PETER M. 2200 WEST COMMERCIAL BLVD. SUITE 302 FT. LAUDERDALE FL 33309  
10. Name and Address of New Registered Agent:  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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                      | DP<br>ZUCKERMAN, ANDREW<br>6650 NW 41ST ST.<br>CORAL SPRINGS FL | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 1.2 NAME  |  |
| STREET ADDRESS             |   | 1.3 STREET ADDRESS                                    | 6351 San Michel Way  |
| CITY-ST-ZIP                |   | 1.4 CITY-ST-ZIP                                       | Delray Beach, FL 33484   |
| TITLE                      | VD<br>ZUCKERMAN, STEVEN<br>6650 NW 41ST ST.<br>CORAL SPRINGS FL | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 2.2 NAME  |  |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    | 6351 San Michel Way  |
| CITY-ST-ZIP                |   | 2.4 CITY-ST-ZIP                                       | Delray Beach, FL 33484   |
| TITLE                      | SD<br>ZUCKERMAN, DAVID<br>6650 NW 41ST ST.<br>CORAL SPRINGS FL  | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 3.2 NAME  |  |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    | 6351 San Michel Way  |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       | Delray Beach, FL 33484   |
| TITLE                      |   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 4.2 NAME  |  |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    | 900002603799--S  |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       | -07/31/98--01031--005  |
| TITLE                      |   | 5.1 TITLE   | ****150.00 <input checked="" type="checkbox"/> <del>150.00</del> Addition    |
| NAME                       |   | 5.2 NAME  |  |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |   | 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: *[Signature]* 6-30-98

CRE034 (10/97)