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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 26 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V61437**

1. Corporation Name
ENGLE HOMES/ATLANTA, INC.

Principal Place of Business	Mailing Address
123 N.W. 13TH ST. SUITE 300 BOCA RATON FL 33432	123 N.W. 13TH ST. SUITE 300 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
09/02/1992

4. FEI Number
65-0357420
[ ] 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 the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

SHAPIRO, DAVID
123 NW 13TH STREET
SUITE 300
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changed)

12. OFFICERS AND DIRECTORS

TITLE	DVP	[ ] DELETE
NAME	ENGELSTEIN, ALEC	
STREET ADDRESS	123 N.W. 13 ST, STE 300	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVST	[ ] DELETE
NAME	SHAPIRO, DAVID	
STREET ADDRESS	123 N.W. 13 ST, STE 300	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DV	[ ] DELETE
NAME	KRAYNICK, JOHN A	
STREET ADDRESS	123 N.W. 13TH ST., #300	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	DP	[ ] DELETE
NAME	BRUNNING, GEOFFREY	
STREET ADDRESS	1850 PARKWAY PLACE, SUITE 420	
CITY-ST-ZIP	MARIETTA GA 30067	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	DP	[X] Change [ ] Addition
42 NAME	BRUNNING, GEOFFREY	
43 STREET ADDRESS	5500 OAKBROOK PARKWAY #130	
44 CITY-ST-ZIP	NORCROSS, GA 30093	
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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****158.75 ****158.75

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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.

SIGNATURE: _____ 561-391-4012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #