


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

FILED

**Apr 30 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V74240 (5)

1. Corporation Name
THE ENCLAVE AT SILVER LAKES, INC.



Principal Place of Business 1240 S.W. 177 TERRACE PEMBROKE PINES FL 33029 US	Mailing Address 1240 S.W. 177 TERRACE PEMBROKE PINES FL 33029 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 10/23/1992	
4. FEI Number 65-0371773	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HODKIN, PETER M
 2200 W COMMERCIAL BLVD
 SUITE 302
 FORT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2101 W. Commercial Blvd.
83 Suite 4100
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 607.0305, Florida Statutes.

SIGNATURE *Peter M. Hodkin* **Peter M. Hodkin** **4/23/98**
 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	D <input type="checkbox"/> DELETE
NAME	ZUCKERMAN, DAVID
STREET ADDRESS	1240 S.W. 177 TERRACE
CITY-ST-ZIP	PEMBROKE PINES FL 33029
TITLE	D <input type="checkbox"/> DELETE
NAME	ZUCKERMAN, ANDREW
STREET ADDRESS	1240 S.W. 177 TERRACE
CITY-ST-ZIP	PEMBROKE PINES FL 33029
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LEVY, MICHAEL
STREET ADDRESS	1240 S.W. 177 TERRACE
CITY-ST-ZIP	PEMBROKE PINES FL 33029
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LEVY, RONALD
STREET ADDRESS	1550 NE MIAMI GARDENS DRIVE
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Steven Zuckerman
3.3 STREET ADDRESS	1240 S.W. 177th Terrace
3.4 CITY-ST-ZIP	Pembroke Pines, FL 33029
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Melvin Zuckerman
4.3 STREET ADDRESS	1240 S.W. 177th Terrace
4.4 CITY-ST-ZIP	Pembroke Pines, FL 33029
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 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 *Andrew Zuckerman* **Andrew Zuckerman Pres 2-4-98** **SEA 352-A366**

CF2E034 (10/97)