

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H87104** (6)

1. Corporation Name

G. L. HOMES OF FLORIDA CORPORATION

Principal Place of Business

Mailing Address

% ITCHKO EZRATTI
1401 UNIVERSITY DR. STE 200
CORAL SPRINGS FL 33071-8908

% ITCHKO EZRATTI
1401 UNIVERSITY DR. STE 200
CORAL SPRINGS FL 33071-8908



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/26/1985

3a. Date of Last Report

04/27/1995

4. FEI Number

~~59-2611144~~ 59-2129464

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

10. Name and Address of New Registered Agent

GRANT, MARK
200 E. BROWARD BOULEVARD
FT. LAUDERDALE FL 33302

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 of the person who is registered agent for the corporation

Signature of the Registered Agent (Signature required when not listed)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
NORWALK, RICHARD M
1401 UNIVERSITY DR S200
CORAL SPRINGS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VAS
FANT, ALAN J.
1401 UNIVERSITY DR #200
CORAL SPRINGS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VT
COSTELLO, RICHARD A.
1401 UNIVERSITY DR #200
CORAL SPRINGS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
EZRATTI, MOSHE
1401 UNIVERSITY DR #200
CORAL SPRINGS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
EZRATTI, ITZHAK
1401 UNIVERSITY DRIVE, #200
CORAL SPRINGS FL 33071

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

☐ Change ☐ Addition

2. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

☐ Change ☐ Addition

3. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

☐ Change ☐ Addition

4. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

☐ Change ☐ Addition

5. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

☐ Change ☐ Addition

6. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

(954) 253-1730

Date

Telephone

CR2E034 (12/95)