

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

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**Feb 25 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # 324927 (3)**

1. Corporation Name  
**ORIOLE HOMES CORP.**



Principal Place of Business: 1690 S CONGRESS AVE. STE 200 DELRAY BEACH FL 33445

Mailing Address: 1690 S CONGRESS AVE. STE 200 DELRAY BEACH FL 33445-6386

3. Date Incorporated or Qualified: 01/03/1968

3a. Date of Last Report: 03/30/1996

4. FEI Number: 59-1228702

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 **Affiliated**

2. Principal Place of Business (21-23) and Mailing Address (24-30) fields with sub-headers for Suite, Apt #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: HUBSHMAN, E, 1690 S CONGRESS AVE, STE 200, DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	LEVY, R D	
STREET ADDRESS	1690 S CONGRESS AVE 200	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUBSHMAN, E E	
STREET ADDRESS	1690 S CONGRESS AVE 200	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	NUNEZ, A	
STREET ADDRESS	1690 S CONGRESS AVE 200	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEVY, H.A.	
STREET ADDRESS	1690 S CONGRESS AVE 200	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BERNS, E H	
STREET ADDRESS	1690 S CONGRESS AVE 200	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVY, MARK A.	
STREET ADDRESS	1690 S CONGRESS AVE 200	
CITY - ST - ZIP	DELRAY BEACH FL	

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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 do 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: \_\_\_\_\_ A. Nunez, Sr. Vice Pres. 2/14/97 (561) 274-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)