

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

FILED

**Apr 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

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: 01/03/1968
4. FEI Number: 59-1228702 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: ~~HUBSHMAN, E~~ 1690 S CONGRESS AVE, STE 200 DELRAY BEACH FL 33445
10. Name and Address of New Registered Agent: 81 Name: Pivinski, Joseph; 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: *Joseph Pivinski* Joseph Pivinski, Vice President 4/10/98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVY, R D	1.2 NAME	Pivinski, Joseph
STREET ADDRESS	1690 S CONGRESS AVE 200	1.3 STREET ADDRESS	1690 S Congress Ave 200
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	Delray Beach, FL 33445
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBSHMAN, E E	2.2 NAME	Hubshman, E E
STREET ADDRESS	1690 S CONGRESS AVE 200	2.3 STREET ADDRESS	1690 S Congress Ave 200
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	Delray Beach, FL 33445
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNEZ, A	3.2 NAME	Nunez, A
STREET ADDRESS	1690 S CONGRESS AVE 200	3.3 STREET ADDRESS	1690 S Congress Ave 200
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	Delray Beach, FL 33445
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, H.A.	4.2 NAME	
STREET ADDRESS	1690 S CONGRESS AVE 200	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNS, E H	5.2 NAME	
STREET ADDRESS	1690 S CONGRESS AVE 200	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, MARK A.	6.2 NAME	
STREET ADDRESS	1690 S CONGRESS AVE 200	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	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: *Joseph Pivinski* Joseph Pivinski, Vice President 4/10/98 561-271-2000

CR2E034 (10/97)