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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 324927

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 | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 01/03/1968 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-1228702 | |
| City & State | | City & State | | Applied For | |
| 23 | | 28 | | Not Applicable | |
| Zip | | Zip | | 5. Certificate of Status Desired | |
| 24 | | 30 | | 8.75 Additional Fee Required | |
| Country | | Country | | 6. Election Campaign Financing | |
| 25 | | 31 | | Trust Fund Contribution | |
| Country | | Country | | 5.00 May Be Added to Fees | |
| 26 | | 32 | | 8. This corporation owes the current year Intangible | |
| Country | | Country | | Personal Property Tax. | |
| 27 | | 33 | | Yes No | |

9. Name and Address of Current Registered Agent

**PIVINSKI, JOSEPH
1690 S CONGRESS AVE, STE 200
DELRAY BEACH FL 33445**

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

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 | 1.1 TITLE | |
| NAME | LEVY, R D | 1.2 NAME | |
| STREET ADDRESS | 1690 S CONGRESS AVE 200 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | |
| NAME | HUBSHMAN, E E | 2.2 NAME | |
| STREET ADDRESS | 1690 S CONGRESS AVE 200 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | |
| NAME | NUNEZ, A | 3.2 NAME | |
| STREET ADDRESS | 1690 S CONGRESS AVE 200 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | 3.4 CITY-ST-ZIP | |
| TITLE | SD | 4.1 TITLE | |
| 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 | VT | 5.1 TITLE | |
| NAME | PIVINSKI, JOSEPH | 5.2 NAME | |
| STREET ADDRESS | 1690 S CONGRESS AVE 200 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | 5.4 CITY-ST-ZIP | |
| TITLE | PD | 6.1 TITLE | |
| 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, with all other like empowered.

SIGNATURE:

J. PIVINSKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

Date

(561) 274-2000

Daytime Phone #

CR2E034 (1/1/98)