

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

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Mar 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
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DOCUMENT # 838472 (9)

1. Corporation Name  
LEVITT HOMES INCORPORATED  
#400

Principal Place of Business 7777 GLADES ROAD, SUITE 410 BOCA RATON FL 33434-4198	Mailing Address 7777 GLADES ROAD, SUITE 410 BOCA RATON FL 33434-4198
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/24/1977	
21		26		4. FEI Number 06-0941650	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
30		31			

9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent	
		81 Name Corporation Service Company	
		82 Street Address (P.O. Box Number is Not Acceptable) 1701 Hayes Street	
		83	
		84 City Tallahassee	
		85 Zip Code 32301	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	
NAME	WEST, ALFRED C.	1.2 NAME	
STREET ADDRESS	7777 GLADES RD., #410	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	ARMSTRONG, JOEL	2.2 NAME	
STREET ADDRESS	7777 GLADES ROAD, SUITE 410	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	
NAME	WIENER, ELLIOTT M	3.2 NAME	
STREET ADDRESS	7777 GLADES RD #410	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	VSTD	4.1 TITLE	
NAME	HOYOS, JEFFREY	4.2 NAME	
STREET ADDRESS	777 GLADES RD #410	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	TORRENO, RAFAEL	5.2 NAME	
STREET ADDRESS	7777 GLADES ROAD, SUITE 410	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	VAS	6.1 TITLE	
NAME	RODRIGUEZ, ORLANDO	6.2 NAME	
STREET ADDRESS	7777 GLADES ROAD, SUITE 410	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON 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 \_\_\_\_\_

CR2E034 (10/97)