

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 19 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N51104** (0)

1. Corporation Name

ENDEAVOR GROUP HOMES, INC.

Principal Place of Business

**ENDEAVOR GROUP HOMES, INC.
8535 NW 29TH DRIVE
CORAL SPRINGS FL 33065**

Mailing Address

**Homes
ENDEAVOR GROUP HOMES, INC.
8535 N.W. 29TH DRIVE
CORAL SPRINGS FL 33065-5324
US**

3. Date Incorporated or Qualified
10/02/1992

3a. Date of Last Report
03/25/1996

4. FEI Number
65-0367966

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSENBLUM, MARTIN S P.A.
8220 STATE ROAD 84
SUITE 302
FORT LAUDERDALE FL 33324**

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 617.0502 and 617.1508, 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 617.0503, 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

| | | |
|----------------|---------------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | POSEY, LINDA | |
| STREET ADDRESS | 6511 N.E. 21ST WAY | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33308 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FLADER, JANET | |
| STREET ADDRESS | 6562 BOCA DEL MAR DR | |
| CITY-ST-ZIP | BOCA RATON FL 33443 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | JONES, ANNE L | |
| STREET ADDRESS | 6510 SW 49TH STREET | |
| CITY-ST-ZIP | DAVIE FL 33314 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LANK, EILEEN M | |
| STREET ADDRESS | 2733 N.E. 37TH DR | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33308 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ONORATI, GARY | |
| STREET ADDRESS | 767 SO STATE ROAD 7 (SUITE 13) | |
| CITY-ST-ZIP | BOCA RATON FL 33068 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Linda A. Lank (Director)

3/15/97

Date

Daytime Phone # 0022133

CR2E037 (9/96)